

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing at a Glance

Company: The Prudential Insurance Company of America
Product Name: Group Long Term Care Insurance
State: Virginia
TOI: LTC03G Group Long Term Care
Sub-TOI: LTC03G.001 Qualified
Filing Type: Form/Rate
Date Submitted: 09/04/2014
SERFF Tr Num: PRUD-129708969
SERFF Status: Closed-Approved and Filed
State Tr Num: PRUD-129708969
State Status: Approved & Filed
Co Tr Num: IIGHGLTC3RATE-RP-VA

Implementation: On Approval
Date Requested:
Author(s): Laura Hughes, Raenonna Prince, Hina Ahmad, Karen Keller
Reviewer(s): Bobby Toone (primary), Elsie Andy
Disposition Date: 06/05/2019
Disposition Status: Approved and Filed
Implementation Date:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
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General Information

Project Name: GLTC-3 & 3.5 Re-Rate	Status of Filing in Domicile: Authorized
Project Number: 3395	Date Approved in Domicile: 07/09/2014
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: Resubmission	Previous Filing Number: PRUD-129644850
Group Market Size: Small and Large	Group Market Type: Association, Employer
Overall Rate Impact: 40%	Filing Status Changed: 06/05/2019
	State Status Changed: 06/05/2019
Deemer Date: 04/05/2019	Created By: Raenonna Prince
Submitted By: Raenonna Prince	Corresponding Filing Tracking Number:
	State TOI: LTC03G Group Long Term Care

Filing Description:

We enclose for your review a group long-term care insurance rate schedule change. We are requesting the approval or authorization of a premium rate increase for the above referenced forms.

Form series 83500 BFW 5013, et al were previously approved or authorized by the Department on May 8, 2002, DOI# 007-0000016323. The series of forms 83500 BFW 5013, et al were sold nationwide during the period of 2002 through 2012. We are no longer actively marketing this coverage to new groups but due to contractual obligations this coverage is still being offered on a very limited basis to several of our existing group long-term care clients. This is the first rate increase requested for these policy forms.

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 a rate increase of 40% for the series of forms 83500 BFW 5013, et al in the state of Virginia.

The rate increase is needed to help ensure that future premiums, in combination with existing reserves, will be adequate to fund anticipated claims. This same increase is also being requested nationwide on the comparable forms to those listed above. We will continue to monitor the performance of this block of business after this rate action. It is possible that as we continue to regularly review the experience of these series of forms, another increase may be needed in the future.

Over the past 2 years, Prudential's surplus has been depleted by \$1.7 billion due to the need for strengthened statutory reserves and additional Asset Adequacy Testing reserves to support its LTC Business. In addition, Prudential has already incurred significant losses from this business, as publicly reported in the third quarter of 2012:

"The net loss for the current quarter also reflects pre-tax losses of \$685 million from divested businesses, including a \$698 million charge related to long term care insurance to reflect updates of actuarial assumptions based on our review."

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 and will potentially enable it to restore surplus in the future. The increases will also help maintain equity within Prudential's certificateholder population as deferring rate increases will only increase the size of needed future rate increases.

After state approval or authorization is obtained, Prudential will establish an implementation date for impacted group contracts. The increase for impacted insureds will become effective on the first premium due date following the implementation of the rate

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increase established for their group. The earliest increase will be effective no earlier than February 1, 2015. Prudential will provide advance notice of the rate increase to the Group Contract Holder and certificateholders, according to the contractual and regulatory provisions.

We understand that a premium increase may be difficult for impacted insureds to absorb. Consequently, Prudential is prepared to offer options to enable the premium an insured is paying to remain the same such as reducing the Lifetime Maximum, decreasing their Daily Benefit Maximum, or dropping rider(s) (e.g. optional coverage). Additionally, as an alternative, impacted insureds may also exercise their rights under a non-forfeiture benefit option or the plan's contingent non-forfeiture provision (if applicable).

Additionally, enclosed you will find an updated Personal Worksheet for Prudential's group long term care insurance product line. The rate history section has been updated to display this premium rate increase action. This document will be placed into use following the implementation of the new premium rates for those cases mentioned previously where we will continue to allow new entrants until our contractual obligations expire.

The following items are included with this submission:

- All Actuarial Material
- All Required Certifications
- State transmittal and checklists (If applicable)
- Personal Worksheet – GRP 115118

Correspondence: Please correspond directly with my associate concerning this filing.

Raenonna Prince, CLTC, LTCP
Lead Analyst
The Prudential Insurance Company of America
P. O. Box 7907
Philadelphia, PA 19101-7907
Voice: (800) 732-0416 or (215) 658-6281
Fax: (888) 294-6335
e-mail: raenonna.prince@prudential.com

Very truly yours,

Malcolm A. Cheung FSA, MAAA
Vice President and Actuary

From Prudential's 3rd Quarter 2012 earnings release

Company and Contact

Filing Contact Information

Keith Burns, Vice President and Actuary keith.burns@prudential.com

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Long Term Care Unit 402-715-4861 [Phone]
100 Mulberry Street
Gateway Center 2, 11th Floor
Newark, NJ 07102

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:
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	06/05/2019	06/05/2019
Approved and Filed	Bobby Toone	06/05/2019	06/05/2019

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	02/05/2019	02/05/2019
Info has been requested from company	Bobby Toone	01/09/2019	01/09/2019
Disapproved	Greg Smith	01/09/2019	01/09/2019
Disapproved	Elsie Andy	12/26/2018	12/26/2018
Info has been requested from company	Elsie Andy	11/19/2018	11/19/2018
Info has been requested from company	Greg Smith	10/30/2018	10/30/2018
Info has been requested from company	Bobby Toone	09/13/2018	09/13/2018
Info has been requested from company	Greg Smith	07/10/2018	07/10/2018
Disapproved	Greg Smith	04/13/2018	04/13/2018
Disapproved	Bobby Toone	02/26/2018	02/26/2018
Disapproved	Bobby Toone	02/13/2018	02/13/2018

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	03/06/2019	03/06/2019
Raenonna Prince	02/08/2019	02/08/2019
Raenonna Prince	01/09/2019	01/09/2019
Raenonna Prince	01/09/2019	01/09/2019
Raenonna Prince	12/28/2018	12/28/2018
Raenonna Prince	12/07/2018	12/07/2018
Raenonna Prince	11/14/2018	11/14/2018
Raenonna Prince	09/14/2018	09/14/2018
Raenonna Prince	08/10/2018	08/10/2018
Raenonna Prince	04/25/2018	04/25/2018
Raenonna Prince	02/28/2018	02/28/2018
Raenonna Prince	02/16/2018	02/16/2018

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Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	11/06/2017	11/06/2017
Info has been requested from company	Janet Houser	08/22/2017	08/22/2017
Info has been requested from company	Janet Houser	07/17/2017	07/17/2017
Info has been requested from company	Janet Houser	07/10/2017	07/10/2017
Info has been requested from company	Janet Houser	04/03/2017	04/03/2017
Info has been requested from company	Janet Houser	03/23/2017	03/23/2017
Info has been requested from company	Janet Houser	01/04/2017	01/04/2017
Info has been requested from company	Janet Houser	12/06/2016	12/06/2016
Info has been requested from company	Janet Houser	08/11/2016	08/11/2016
Disapproved	Janet Houser	07/30/2015	08/14/2015
Disapproved	Elsie Andy	01/29/2015	01/29/2015
Disapproved	Janet Houser	09/17/2014	09/17/2014

Response Letters

Responded By	Created On	Date Submitted
Raenonna Prince	11/17/2017	11/17/2017
Raenonna Prince	10/18/2017	10/18/2017
Raenonna Prince	08/21/2017	08/21/2017
Raenonna Prince	08/04/2017	08/07/2017
Raenonna Prince	06/09/2017	06/12/2017
Raenonna Prince	05/03/2017	05/03/2017
Raenonna Prince	03/09/2017	03/09/2017
Raenonna Prince	12/16/2016	12/16/2016
Raenonna Prince	11/09/2016	11/10/2016
Raenonna Prince	07/19/2016	07/19/2016
Raenonna Prince	02/10/2015	02/10/2015
Raenonna Prince	06/26/2015	06/26/2015

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Appendix F - Base Policy Rate Pages (Post RS)	Raenonna Prince	01/16/2019	01/16/2019
Rate	Appendix F - Periodic Inflation Rate Pages (Post RS)	Raenonna Prince	01/16/2019	01/16/2019

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Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Raenonna Prince	01/16/2019	01/16/2019
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Raenonna Prince	01/16/2019	01/16/2019
Rate	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	Raenonna Prince	01/16/2019	01/16/2019
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Raenonna Prince	01/11/2019	01/11/2019
Form	Endorsement	Raenonna Prince	10/01/2018	10/01/2018
Form	Frequently Asked Questions Disclosure Form	Raenonna Prince	10/01/2018	10/01/2018
Form	Policyholder Advance Notification Letter	Raenonna Prince	10/01/2018	10/01/2018
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Raenonna Prince	09/28/2018	10/01/2018
Supporting Document	Change Request Form	Raenonna Prince	10/01/2018	10/01/2018
Supporting Document	Manual of Variable Language	Raenonna Prince	10/01/2018	10/01/2018
Supporting Document	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases	Raenonna Prince	09/13/2018	09/13/2018
Form	Change Request Form	Raenonna Prince	01/05/2018	01/05/2018
Form	Policyholder Advance Notification Letter	Raenonna Prince	01/05/2018	01/05/2018
Supporting Document	L&H Readability - Health	Raenonna Prince	01/05/2018	01/05/2018
Supporting Document	Change Request Form	Raenonna Prince	01/05/2018	01/05/2018
Rate	Appendix F - Base Policy Rate Pages (Post RS)	Raenonna Prince	12/01/2017	12/01/2017
Rate	Appendix F - Periodic Inflation Rate Pages (Post RS)	Raenonna Prince	12/01/2017	12/01/2017
Rate	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Raenonna Prince	12/01/2017	12/01/2017
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Raenonna Prince	12/01/2017	12/01/2017
Rate	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	Raenonna Prince	12/01/2017	12/01/2017
Supporting Document	Letter of Response - 12-1-2017	Raenonna Prince	12/01/2017	12/01/2017
Supporting Document	L&H Actuarial Memorandum	Raenonna Prince	12/01/2017	12/01/2017

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Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Appendix F - Base Policy Rate Pages	Raenonna Prince	08/23/2017	08/23/2017
Rate	Appendix F - Periodic Inflation Rate Pages	Raenonna Prince	08/23/2017	08/23/2017
Rate	Appendix F - Automatic Compound Inflation Rate Pages	Raenonna Prince	08/23/2017	08/23/2017
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages	Raenonna Prince	08/23/2017	08/23/2017
Rate	Appendix F - Automatic Simple Inflation Rate Pages	Raenonna Prince	08/23/2017	08/23/2017
Supporting Document	Letter of Response - 8-23-2017	Raenonna Prince	08/23/2017	08/23/2017
Supporting Document	LTC Rate Summary Form; 1st and 2nd phase	Raenonna Prince	08/23/2017	08/23/2017
Supporting Document	Confirmation Notice (GRP 99922) Correspondence	Raenonna Prince	10/29/2015	10/29/2015
Supporting Document	GRP 99922 - Confirmation Statement	Raenonna Prince	09/11/2015	09/11/2015
Form	Endorsement	Raenonna Prince	09/04/2015	09/04/2015

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Status	Note To Reviewer	Raenonna Prince	11/30/2018	11/30/2018
Forms drafts	Note To Filer	Greg Smith	10/03/2018	10/03/2018
Re: Filing Status Update	Note To Reviewer	Raenonna Prince	09/20/2018	09/20/2018
Objection Updates?	Note To Filer	Bobby Toone	09/12/2018	09/12/2018
Re:	Note To Reviewer	Raenonna Prince	07/09/2018	07/09/2018
Objection clarifications	Note To Filer	Greg Smith	07/09/2018	07/09/2018
Revisions	Note To Filer	Janet Houser	12/28/2017	12/28/2017
Follow up to 10/19/2017 Note to Filer	Note To Filer	Janet Houser	11/20/2017	11/20/2017
11/6/17 objection letter	Note To Filer	Janet Houser	11/06/2017	11/06/2017
Revised Filing	Note To Filer	Janet Houser	10/19/2017	10/19/2017
Current Rates	Note To Filer	Janet Houser	08/24/2017	08/24/2017
Implementation Schedule	Note To Filer	Janet Houser	08/14/2017	08/14/2017
Loss Ratios	Note To Filer	Janet Houser	07/14/2017	07/14/2017
10.29.15 phone message	Note To Filer	Janet Houser	10/29/2015	10/29/2015
9..8.15 phone call	Note To Filer	Janet Houser	09/08/2015	09/08/2015

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Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

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The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Status Of Meeting	Note To Reviewer	Raenonna Prince	05/28/2015	05/28/2015
Endorsements	Note To Filer	Janet Houser	05/21/2015	05/21/2015
Re: Endorsement Request	Note To Reviewer	Raenonna Prince	05/21/2015	05/21/2015
Re: Request for Additional Information	Note To Reviewer	Raenonna Prince	05/11/2015	05/11/2015
Endorsements	Note To Filer	Janet Houser	04/08/2015	04/08/2015
Re: Acknowledgement of Note to Filer and additional objection issues	Note To Reviewer	Raenonna Prince	04/07/2015	04/07/2015
Follow up	Note To Filer	Janet Houser	03/31/2015	03/31/2015
RRS	Reviewer Note	Bobby Toone	10/15/2018	

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Disposition

Disposition Date: 06/05/2019

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 01/01/2021 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	39.800%	39.800%	\$1,794,536	3,926	\$4,508,579	40.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 2 - Lapse Analysis Details	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 3 - Morbidity Details - By Gender	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix D - Persistency - Group	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix E - DOB - Large Group	Received & Acknowledged	Yes
Supporting Document	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015	Received & Acknowledged	Yes
Supporting Document (revised)	LTC Rate Summary Form and LTC Rate Summary Narrative	Received & Acknowledged	Yes
Supporting Document	GRP 99922 - Confirmation Statement	Received & Acknowledged	Yes
Supporting Document (revised)	Confirmation Notice (GRP 99922) Correspondence	Received & Acknowledged	Yes
Supporting Document	Appendix A	Received & Acknowledged	Yes
Supporting Document	Products Summary	Received & Acknowledged	Yes
Supporting Document	Representative Cells	Received & Acknowledged	Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	State Disposition Chart	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 7-6-2016	Received & Acknowledged	Yes
Supporting Document (revised)	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Received & Acknowledged	Yes
Supporting Document	Letter of Response 11-9-2016	Received & Acknowledged	Yes
Supporting Document (revised)	Manual of Variable Language	Received & Acknowledged	Yes
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Letter of Response - 12-16-2016	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 3-9-2017	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 5-2-2017	Received & Acknowledged	Yes
Supporting Document	Appendix C - Description of Experience Analysis and Assumption Setting	Received & Acknowledged	Yes
Supporting Document	GLTC-3 - Statutory Valuation Rate Exhibit	Received & Acknowledged	Yes
Supporting Document	GLTC-3 Exhibit 1a Projections	Received & Acknowledged	Yes
Supporting Document	Original Pricing With Actual DOB	Received & Acknowledged	Yes
Supporting Document	GLTC-3 Lapse Experience by Segment	Received & Acknowledged	Yes
Supporting Document	GLTC-3 Since Inception Projections	Received & Acknowledged	Yes
Supporting Document	GLTC-3 State Disposition Chart - 4-2017	Received & Acknowledged	Yes
Supporting Document (revised)	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases	Received & Acknowledged	Yes
Supporting Document	Letter of Response addressing the Department's Note to Filer and Letter dated 7/14/2017 & 7/17/2017	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-23-2017	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 10-17-2017	Pending for Information	Yes
Supporting Document	Current Rate Pages (VA)	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 12-1-2017	Received & Acknowledged	Yes
Supporting Document (revised)	Change Request Form	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 4-25-2018	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-2-2018	Received & Acknowledged	Yes
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	L&H Actuarial Memorandum	Withdrawn	No

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Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender	Withdrawn	No
Supporting Document	Appendix C - Exhibit 1 - Mortality Details	Withdrawn	No
Supporting Document	Appendix C - Exhibit 2 - Lapse Analysis Details	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details - By Gender	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details	Withdrawn	No
Supporting Document	Appendix D - Persistency - Group	Withdrawn	No
Supporting Document	Appendix E - DOB - Large Group	Withdrawn	No
Supporting Document	Appendix E - DOB	Withdrawn	No
Supporting Document	LTC Rate Summary Form; 1st and 2nd phase	Withdrawn	No
Supporting Document	LTC Rate Summary Form; 1st and 2nd phase	Withdrawn	No
Supporting Document	LTC Rate Summary Form	Withdrawn	No
Supporting Document	LTC Rate Summary Form	Withdrawn	No
Supporting Document	Confirmation Notice (GRP 99922) Correspondence	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No

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Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases	Withdrawn	No
Supporting Document	Change Request Form	Withdrawn	No
Supporting Document (revised)	GRP 115128 - Advanced Notification Letter - "John Doe" version	Received & Acknowledged	Yes
Supporting Document	GRP 115128 - Advanced Notification Letter - "John Doe" version	Withdrawn	No
Form (revised)	Personal Worksheet	Approved	Yes
Form (revised)	Endorsement	Approved	Yes
Form (revised)	Policyholder Advance Notification Letter	Filed	Yes
Form (revised)	Change Request Form	Approved	Yes
Form (revised)	Frequently Asked Questions Disclosure Form	Filed	Yes
Form	Confirmation Statement	Approved	Yes
Form	Personal Worksheet	Withdrawn	No
Form	Endorsement	Review Pending	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No

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Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Frequently Asked Questions Disclosure Form	Withdrawn	No
Rate (revised)	Appendix F - Base Policy Rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Periodic Inflation Rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	Approved	Yes
Rate	Appendix F - Base Policy Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Base Policy Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Base Policy Rate Pages	Withdrawn	No
Rate	Appendix F - Base Policy Rate Pages	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Simple Inflation Rate Pages (Post	Withdrawn	No

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Schedule	Schedule Item	Schedule Item Status	Public Access
	RS)		
Rate	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Simple Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Simple Inflation Rate Pages	Withdrawn	No

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Disposition

Disposition Date: 06/05/2019

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 01/01/2021 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	39.800%	39.800%	\$1,794,536	3,926	\$4,508,579	40.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 2 - Lapse Analysis Details	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix C - Exhibit 3 - Morbidity Details - By Gender	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix D - Persistency - Group	Received & Acknowledged	Yes
Supporting Document (revised)	Appendix E - DOB - Large Group	Received & Acknowledged	Yes
Supporting Document	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015	Received & Acknowledged	Yes
Supporting Document (revised)	LTC Rate Summary Form and LTC Rate Summary Narrative	Received & Acknowledged	Yes
Supporting Document	GRP 99922 - Confirmation Statement	Received & Acknowledged	Yes
Supporting Document (revised)	Confirmation Notice (GRP 99922) Correspondence	Received & Acknowledged	Yes
Supporting Document	Appendix A	Received & Acknowledged	Yes
Supporting Document	Products Summary	Received & Acknowledged	Yes
Supporting Document	Representative Cells	Received & Acknowledged	Yes

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	State Disposition Chart	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 7-6-2016	Received & Acknowledged	Yes
Supporting Document (revised)	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Received & Acknowledged	Yes
Supporting Document	Letter of Response 11-9-2016	Received & Acknowledged	Yes
Supporting Document (revised)	Manual of Variable Language	Received & Acknowledged	Yes
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Letter of Response - 12-16-2016	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 3-9-2017	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 5-2-2017	Received & Acknowledged	Yes
Supporting Document	Appendix C - Description of Experience Analysis and Assumption Setting	Received & Acknowledged	Yes
Supporting Document	GLTC-3 - Statutory Valuation Rate Exhibit	Received & Acknowledged	Yes
Supporting Document	GLTC-3 Exhibit 1a Projections	Received & Acknowledged	Yes
Supporting Document	Original Pricing With Actual DOB	Received & Acknowledged	Yes
Supporting Document	GLTC-3 Lapse Experience by Segment	Received & Acknowledged	Yes
Supporting Document	GLTC-3 Since Inception Projections	Received & Acknowledged	Yes
Supporting Document	GLTC-3 State Disposition Chart - 4-2017	Received & Acknowledged	Yes
Supporting Document (revised)	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases	Received & Acknowledged	Yes
Supporting Document	Letter of Response addressing the Department's Note to Filer and Letter dated 7/14/2017 & 7/17/2017	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-23-2017	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 10-17-2017	Pending for Information	Yes
Supporting Document	Current Rate Pages (VA)	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 12-1-2017	Received & Acknowledged	Yes
Supporting Document (revised)	Change Request Form	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 4-25-2018	Received & Acknowledged	Yes
Supporting Document	Letter of Response - 8-2-2018	Received & Acknowledged	Yes
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	L&H Actuarial Memorandum	Withdrawn	No

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender	Withdrawn	No
Supporting Document	Appendix C - Exhibit 1 - Mortality Details	Withdrawn	No
Supporting Document	Appendix C - Exhibit 2 - Lapse Analysis Details	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details - By Gender	Withdrawn	No
Supporting Document	Appendix C - Exhibit 3 - Morbidity Details	Withdrawn	No
Supporting Document	Appendix D - Persistency - Group	Withdrawn	No
Supporting Document	Appendix E - DOB - Large Group	Withdrawn	No
Supporting Document	Appendix E - DOB	Withdrawn	No
Supporting Document	LTC Rate Summary Form; 1st and 2nd phase	Withdrawn	No
Supporting Document	LTC Rate Summary Form; 1st and 2nd phase	Withdrawn	No
Supporting Document	LTC Rate Summary Form	Withdrawn	No
Supporting Document	LTC Rate Summary Form	Withdrawn	No
Supporting Document	Confirmation Notice (GRP 99922) Correspondence	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Frequently Asked Questions Relating to Premium Increase Disclosure Form	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Manual of Variable Language	Withdrawn	No
Supporting Document	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases	Withdrawn	No
Supporting Document	Change Request Form	Withdrawn	No
Supporting Document (revised)	GRP 115128 - Advanced Notification Letter - "John Doe" version	Received & Acknowledged	Yes
Supporting Document	GRP 115128 - Advanced Notification Letter - "John Doe" version	Withdrawn	No
Form (revised)	Personal Worksheet	Approved	Yes
Form (revised)	Endorsement	Approved	Yes
Form (revised)	Policyholder Advance Notification Letter	Filed	Yes
Form (revised)	Change Request Form	Approved	Yes
Form (revised)	Frequently Asked Questions Disclosure Form	Filed	Yes
Form	Confirmation Statement	Approved	Yes
Form	Personal Worksheet	Withdrawn	No
Form	Endorsement	Review Pending	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Policyholder Advance Notification Letter	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No
Form	Change Request Form	Withdrawn	No

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Frequently Asked Questions Disclosure Form	Withdrawn	No
Rate (revised)	Appendix F - Base Policy Rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Periodic Inflation Rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Approved	Yes
Rate (revised)	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	Approved	Yes
Rate	Appendix F - Base Policy Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Base Policy Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Base Policy Rate Pages	Withdrawn	No
Rate	Appendix F - Base Policy Rate Pages	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Periodic Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Compound Inflation With Cap rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Simple Inflation Rate Pages (Post	Withdrawn	No

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Schedule	Schedule Item	Schedule Item Status	Public Access
	RS)		
Rate	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	Withdrawn	No
Rate	Appendix F - Automatic Simple Inflation Rate Pages	Withdrawn	No
Rate	Appendix F - Automatic Simple Inflation Rate Pages	Withdrawn	No

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

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	03/22/2019

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

- GRP 115128 - Advanced Notification Letter - "John Doe" version (Supporting Document)

Comments: For clarity, in the 2nd paragraph of the letter, please specify what mode the affected premium is (monthly, quarterly, etc.). It may also be helpful to include this information in any charts that show the new (modal) premium.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

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

Dear Keith Burns,

Introduction:

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

Objection 1

- Policyholder Advance Notification Letter, GRP 115128 (Form)

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/09/2019
Submitted Date	01/09/2019
Respond By Date	01/10/2019

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

- Endorsement, GRP 115125 (Form)

Comments: Please identify the variable normal business hours field [8:00 a.m. to 7:00 p.m.] appearing in the last paragraph on the first page of the endorsement. This field should be identified in the Manual of Variable Language, and the variability sufficiently explained to indicate how the field will vary from the text as stated.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Thank you for your courtesy and consideration in this matter.

Should you need clarification of any of the information contained in this letter, please contact me at

Bobby.Toone@scc.virginia.gov

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	01/09/2019
Submitted Date	01/09/2019
Respond By Date	

Dear Keith Burns,

Introduction:

During our review, we noted the following issue 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

- Manual of Variable Language (Supporting Document)

Comments: Thank you for your previous response. Please respond specifically to our objection dated 12/26/2019.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 12/26/2018
Submitted Date 12/26/2018
Respond By Date

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America
SERFF Tracking No: PRUD-129708969
Form Nos.: GRP 115124, et al.

Thank you for the response to our previous Objection Letter. We have completed our review of the revised variability pertaining to form GRP 115125 and we have a remaining concern.

Objection 1

- Manual of Variable Language (Supporting Document)
- Personal Worksheet, GRP 115124 (Form)

Comments: Thank you for the revision to the Manual of Variable Language for Group Long Term Care Insurance with respect to form GRP 115125; however, we one remaining concern. All variable fields should be identified and even those fields that are self-explanatory should appear in the explanation of variability. Please note that the variable hours of operation field appearing in the last paragraph on the first page of the endorsement is not identified. This field should be identified in the Manual of Variable Language, and the variability sufficiently explained to indicate how the field will vary from the text as stated.

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Manager, Forms and Rates
Life and Health Division

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 11/19/2018
Submitted Date 11/19/2018
Respond By Date

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America

SERFF Tracking No: PRUD-129708969

Form Nos.: GRP-115125, et al.

Thank you for the resubmission of the forms mentioned above. We reviewed the forms and we have some concerns with the variable fields appearing in form GRP 115125.

Objection 1

- Manual of Variable Language (Supporting Document)
- Endorsement, GRP 115125 (Form)

Comments: Form GRP 115125 contains variable fields that are not identified in the Manual of Variable Language for Group Long Term Care Insurance. Even those fields that are self-explanatory should appear in the explanation of variability. Please revise the explanation of variability to explain how the date field appearing between the Fax Number and Long-Term Care insurance, the customer service center telephone number field, and the hours of operation field are subject to change from the text as presented. Specific to the date field, please explain what the date represents. In other words, does the date represent when the letter was sent, the effective date of the coverage changes, or otherwise?

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Manager, Forms and Rates
Life and Health Division

Sincerely,
Elsie Andy

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

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

- GRP 99922 - Confirmation Statement (Supporting Document)

Comments: As the Confirmation Statement is to be associated with the Certificate Endorsement, explains the benefit changes detail, and thereby becomes part of the certificate, it must be approved. Contrary to the comment This form was previously reviewed and approved by the Department on May 8, 2002., the Correspondence in Supporting Docs indicate the form was Withdrawn (VA-Letter of Approval 5-8-2002.pdf).

Please move this form to the Forms Schedule for review and approval and also provide an associated Schedule of Variability in Supporting Documents.

Objection 2

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Page 4, first paragraph, Whether your coverage qualifies for Partnership depends in part on your age and the type of inflation protection you select and maintain. If you elect to reduce your inflation protection coverage it may affect whether your coverage continues to be a Partnership eligible.

While we agree that inflation protection may be the primary consideration in determining if a certificate continues to be Partnership eligible, there are other qualifications that could effect eligibility. Here is an example of language that we would find acceptable for this notice:

If you make any changes to your [certificate or policy], such changes could affect whether your [certificate or policy] continues to be a Partnership [certificate or policy]. Before you make any changes, you should consult with [carrier name] to determine the effect of a proposed change.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/13/2018
Submitted Date	09/13/2018
Respond By Date	

Dear Keith Burns,

Introduction:

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

Objection 1

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please include, in the letter, an explanation of what happens in the event of a rate increase while an insured's premiums are being waived because they are on claim, including the options available to the insured once they come off of premium waiver.

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.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 07/10/2018
Submitted Date 07/10/2018
Respond By Date

Dear Keith Burns,

Introduction:

During our review we noted the following inconsistencies and/or need addition information to continue. Please address the following requests no later than the date above.

Objection 1

Comments: Please, clarify the following entries in the Company Rate Information section :

- We note in your last update that the Written Premium increased although the Number of Policy Holders Affected went down. Please explain.
- Minimum % Change, it would seem this entry would be 0% as pre-rate policies are not receiving an increase. Please revise or explain in detail.
- As pre-rate policies are not included in the increase, it would seem the 40% Overall Indicated Change and Overall Rate Impact should reflect weighted adjustment. Please revise or explain approach.

Objection 2

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please include, in the letter, an explanation of what happens in the event of a rate increase while an insured's premiums are being waived because they are on claim.

Objection 3

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Request discussion on letter structure to expedite process.

Please revise paragraph 2, in the letter, to include the actual premium that the insured will pay starting the 2nd rate increase. For ease of understanding, the pertinent numbers concerning the rate increase process should be briefly summarized in one location.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.

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. A brief phone discussion at your convenience may help clarify some of the objections.

Thank you for your courtesy and prompt response.

Greg Smith

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Principal Insurance Market Examiner
804.371.9348

Sincerely,
Greg Smith

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 04/13/2018
Submitted Date 04/13/2018
Respond By Date

Dear Keith Burns,

Introduction:

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

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

Objection 1

- Appendix A (Supporting Document)

Comments: It is our understanding that the company is not requesting a rate increase on Pre-Rate Stability policies. Therefore, please make the following revisions/edits:

- Appendix A appears to state that Pre-Rate policies may be subject to an increase. Please remove references to any rate increase for Pre-Rate Stability policies in Appendix A, the Actuarial Memo, and all other documents in this filing.

- Rate/Rule Schedule, Company Rate Information

Confirm accuracy of Written Premium Change, Number of Policy Holders Affected for this Program, and Minimum % Change. Are they adjusted for the Pre-Rate policies?

Objection 2

Comments: Rate/Rule Schedule, Company Rate Information

Please confirm use of the term "Policy Holders" in your calculations. Also, include in your response the number of lives affected by the rate increase.

Objection 3

Comments: Please submit the following rate pages:

- Pre-Rate Stability policy rates reflecting 0% rate change,

- Post-Rate Stability policy rates reflecting first year adjustment of 18.3%

- Post-Rate Stability policy rates reflecting second year adjustment of 18.3%

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.

Greg Smith
Principal Insurance Market Examiner

Sincerely,

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Greg Smith

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	02/26/2018
Submitted Date	02/26/2018
Respond By Date	03/12/2018

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.

Please feel free to call at (804)371-9748 me with any questions,

Objection 1

- LTC Rate Summary Form; 1st and 2nd phase (Supporting Document)

Comments: Even though the rate increase is to be implemented over 2 years, the Long Term Care Rate Request Summary should be completed in one form, showing only the total rate increase applied for. When the narrative is completed, it should include a description detailing the multi-year implementation.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised items necessary 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,
Bobby Toone

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	02/13/2018
Submitted Date	02/13/2018
Respond By Date	02/27/2018

Dear Keith Burns,

Introduction:

Per our phone conversation, the following objections have come up in our examination.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 19 of the Actuarial Memorandum states, "This rate revision will be implemented following state approval and a minimum of a 60 day notification to the certificate holder."

14VAC5-200-75 D states, "An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer."

Please amend the Actuarial Memorandum so that it complies with this regulation.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

- LTC Rate Summary Form; 1st and 2nd phase (Supporting Document)

Comments: The LTC Rate Summary Form splits the rate increase into 2 increases of 18.3% each, while the Actuarial Memorandum, in Section 13, mentions only a single 40% increase. Please revise the Actuarial Memorandum to match the 2 increases noted in the Rate Summary.

Objection 3

- LTC Rate Summary Form; 1st and 2nd phase (Supporting Document)

Comments: Please complete the Long Term Care Rate Request Summary by attaching a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This narrative should put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an 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.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/06/2017
Submitted Date	11/06/2017
Respond By Date	

Dear Keith Burns,

Introduction:

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

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 be payable if the policy remained in a premium paying status.

We apologize for any inconvenience or confusion this may have caused the Company.

Conclusion:

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

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

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 response dated 8/21/2017.

Based on the Active Life Reserve balance that you have provided and the original pricing loss ratio of 97% (using actual distribution of business), the future anticipated loss ratio for the pre rate stabilization block is less than 97% even without any rate increase, so the Bureau would not be able to approve an increase based on that data. The Bureau will consider allowing the company to provide a recalculated active life reserve balance using the current assumption basis rather than a statutory reserve basis. If the company wishes the Bureau to reconsider, please provide the recalculated ALR (for the pre-stability policies on a nationwide basis).

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/17/2017
Submitted Date	07/17/2017
Respond By Date	

Dear Keith Burns,

Introduction:

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

So that we may continue our review of this filing, please address the following:

- 1) For each projection provided for the pre-stability block, please provide the anticipated future loss ratio where the numerator is equal to the anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium.
- 2) Please supply the active life reserve balance as of 6/30/16 for the pre- and post-stability blocks separately, both Virginia and nationwide basis.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 07/10/2017
Submitted Date 07/10/2017
Respond By Date

Dear Keith Burns,

Introduction:

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

This letter is only in regard to the policyholder and forms attached to this filing. The propose rate increase remains under review.

Objection 1

- Change Request Form, GRP 115128A (Form)

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

Form GRP 115128A 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 provide a Certification of Readability for compliance with 14VAC5-110-60.

Objection 2

- Frequently Asked Questions Relating to Premium Increase Disclosure Form (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 3

- Manual of Variable Language (Supporting Document)

- Policyholder Advance Notification Letter, GRP 115128 (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 115128 all text appearing in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer. Please bracket the red language accordingly in the letter or, if the company so desires, remove all red text in the letter.

2) 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 rather than three 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 betwo 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.

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].

State: Virginia **Filing Company:** The Prudential Insurance Company of America
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Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

- 4) Please replace the word "attached" with "enclosed" in regards to the reference to the Long-Term Care Insurance Change Request Form on page 4 under Next Steps.
- 5) 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.
- 6) Please confirm the letter will be compliant with 14VAC5-100-50 5 that it will be printed using a type size of at least 10 point.
- 7) Please clarify the bracketed paragraph [If there are alternative benefit quotes: Next Steps.....increased premium rate.] The manual indicates this language will appear if there are options outside of those provided. We have two concerns:
 - a) We cannot approve variability for which the company cannot provide what such language would appear. In other words, options outside those provided should not be included in the letter since such language cannot be reviewed at this time.
 - b) It would seem the statements under Next Steps should be included in the letter and not be bracketed. Please clarify.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 04/03/2017
Submitted Date 04/03/2017
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

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please removed the work "attached" from the first sentence of the two paragraph under the chart on page 3 that begins with "If you would like to elect an option...". The Long Term Care Insurance Change Request Form will be enclosed rather than attached.

Objection 2

- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)

- Policyholder Advance Notification Letter, GRP 115128 (Form)

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

Objection 3

- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)

- Change Request Form, GRP 115128A (Form)

Comments: The form references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the form should explain that the corporate name may be referred to as Prudential. Our concern would be resolved if the first time the company is referenced would appear as follows: "The Prudential Insurance Company of America (Prudential)."

This objection would also apply to the Frequently Asked Questions document.

Objection 4

- Manual of Variable Language (Supporting Document)

- Policyholder Advance Notification Letter, GRP 115128 (Form)

- Change Request Form, GRP 115128A (Form)

Comments: The variance in the Change Request form is somewhat difficult to follow based on the explanation in the Manual of Variable Language. The first box will either provide information to decrease the inflated Daily Maximum Benefit if the insured has a simple or compound inflation benefit OR provide information to decrease the daily maximum benefit for nursing care if the insured has a periodic or no inflation benefit. Is that correct and that only one of these options will appear?

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

The second box offers the insured to decrease the Lifetime Maximum Benefit by decreasing the number of years. Please include in the statement of variability what the minimum numbers of years it can be reduced.

The third box provides information to decrease the inflated Daily Maximum Benefit and Lifetime Maximum Benefit if the insured has simple or compound information OR decrease the Daily Maximum Benefit for Nursing Home Care and decrease the Lifetime Maximum Benefit Amount if the insured has periodic or no inflation. Only one option will appear, correct?

Then the Company offers either the NFO or CNFO options depending upon the insured's policy benefits.

To resolve this, please expand the Manual of Variable Language to clarify this information.

Are these the ONLY options available to reduce the impact of the premium increase? Are there any other riders that may be changed? Can the compound inflation percentage be decreased? If there are other options available, please indicate in the Change Form to contact the company as noted in the Policyholder letter.

Objection 5

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: We previously questioned how the certificates were updated to reflect changes in the coverage requested by the insured. In your response dated 6/24/2015, the company stated the issue was being discussed separately in conjunction with The Bureau and would respond under a separate cover. Another response dated 7/6/2016 as that we refer to form GRP 115125 for review.

Objection 6

- Manual of Variable Language (Supporting Document)

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please amend the Manual of Variable Language for form GRP 115128 to include that paragraph one will appear if this is a single rate increase or paragraph two if the increase is implemented in a series. Any bracketed percentages or dollar amounts will be specific to the individual policyholder.

According to the manual, the Subsequent Increases paragraph will be the lead paragraph in the second and third notification letters. Please be aware, those letters must meet the same requirements pursuant to 14VAC5-200-75 D that were satisfied in the original letter. The information (such as the reason for the rate increase) would need to be restated or a copy of the original letter included and referenced in the subsequent letters.

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

Please attach to Supporting Documentation John Doed versions of the second and third policyholder notifications if the increase is implemented in stages.

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,

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 03/23/2017
Submitted Date 03/23/2017
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 response. The policyholder and forms are currently under review and any concerns will be addressed under a separate cover.

The new information submitted in the updated actuarial memorandum and exhibits presents the following concerns and /or questions:

1. The Bureau requires that the projections be split between pre-rate stability and post-rate stability policies, with different requirements for each as detailed in sections 14VAC5-200-150 and 14VAC5-200-153.
2. Please provide demonstration of compliance with 14VAC5-200-150 as amended September 1, 2015.
3. Given the information in Appendix E, please provide a calculation of the average maximum valuation interest rate for contract reserves for the policies covered by this filing, and ensure that this interest rate is used in the discounting and accumulation of cash flows in all projections.
4. Exhibit 3 of Appendix C shows the expected severity of claims by calendar year. While we understand that the actual claim severity can vary greatly depending on the individual circumstances of each claim, it would seem logical that the expected severity would be relatively stable. Please explain the large dip in expected severity for calendar year 2016.
5. Please provide a detailed explanation of your view of the credibility of the GLTC3 block of business, including the standard being used by the Company for full credibility.
6. Since the lapse assumptions vary by segment (Core, one large group, other), please provide a split of the historical lapse experience study by segment.
7. Please update the state disposition chart with any approvals that have been received since August 2015.
8. Please provide in Excel format a calculation of the expected lifetime loss ratio based on all original assumptions including the original premium scale, but using the actual mix of business based on policies issued rather than the assumed mix of business.
9. Please provide in Excel format a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.
10. Please provide in Excel format a projection assuming the requested premiums had been in effect from the inception of these policies.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

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.

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 (Supporting Document)
- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: 1) Thank you for moving the paragraph regarding the reason for the rate increase to the beginning of the letter. 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) The form number appears to be missing from the form attached to the Form Schedule.

3) Please add brackets to the beginning and ending of the first paragraph and indicate in the Statement of Variability either the first or second paragraph will appear depending on if the increase is implemented as a single increase or as a series of increases.

4) 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. This should be reiterated in the subsequent rate increase notices (the variable paragraphs on page 2). For compliance with 14VAC5-200-75 D, the reasons for the rate increases must be included in these subsequent notices as well.

5) 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 is 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.

6) The subsequent rate increase notices must be in compliance with all the requirements as set forth in 14VAC5-200-75 D including a statement that no future rate increase will be filed for approval with the Virginia Bureau of Insurance prior to being implemented as well as the reasons for the rate increase.

7) 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.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: As agreed, we will not do an in-depth actuarial review until the company has provided projections with experience through June 30th, 2016. Please let us know when this information will be forthcoming.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 12/06/2016
Submitted Date 12/06/2016
Respond By Date

Dear Keith Burns,

Introduction:

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

Objection 1

- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)
- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please address the following concerns with the policyholder letter:

- 1) In reviewing the policyholder letter, 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.
- 2) The Personalized Options chart on page 2 provides the ability to reduce your DMB and your LMB. The explanations for these abbreviations, however, are listed as a footnote on page 4 of the letter. To avoid any potential confusion, the letter should indicate the abbreviations for such terms when each first appears in the letter. Our objection would be resolved if, for example, the first sentence under Personalized Options to Reduce the Impact of the Premium Rate Increase was changed to read: "You may reduce your current Daily Maximum Benefit (DMB) for Nursing Home Care."
- 3) The letter is missing the disclosure that all options may not be of equal value as set forth in 14VAC5-200-75 D 2 b. Please add this statement which should be bolded, highlighted or printed in large type or some other manner to bring attention to this disclosure. This disclosure should also appear on the VA Change Request Form. In addition the Partnership disclosure should also be bolded on both forms.
- 4) The last statements under NFO and CNFO paragraphs state the amount of your reduced benefits can be provided to you in writing. Please explain this statement. If the policy automatically converts to a paid up status because no premium is paid, what is the Company's process to update the policy. Wouldn't the company always provide this information in writing?
- 5) We were unable to locate an updated Statement of Variability. Please re-attach to Supporting Documentation.
- 6) If the rate increase is implemented in stages, please attach to the Form Schedule of copy of each letter for each period for review or provide the appropriate variability in the letter to accommodate this type of implementation.
- 7) We could not locate a response to our question if the Contingent Benefit Upon Lapse will be offer to everyone regardless if the triggers are met or not. Please advise.
- 8) We could not locate a response to our question regarding the statement that once approval is provided, the earliest increase will be no earlier than 75 days from the date of approval so that Prudential can provide a 60 day advance notice. Pursuant to 14VAC5-200-75 D, all policyholders must receive at least a 75 day notice prior to implementation of a rate increase. Please confirm.
- 9) We could not locate a response to our question regarding the basis for when premium increases will be "certain" vs "possible." Please advise.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

10) Since the Frequently Asked Questions will not be attached and made a part of the letter, please add the name of the Company to the document.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 08/11/2016
Submitted Date 08/11/2016
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

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: The Long Term Care Insurance Change Request Form is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. In other words, a form should always remain complete; by removing pages, the form becomes incomplete. As a result, please make the change form a separate form and attach it to Supporting Documentation for review.

If, however, the form becomes a part of the entire contract, a unique form number should be assigned to the form and should be attached to the Form Schedule separately from the policyholder letter.

Objection 2

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Thank you for providing a policyholder notification letter for compliance with 14VAC5-200-75 D. With sufficient variability, the company may use a "filed" letter for future long term care rate increases without having to submit a filed letter at the time of each rate increase request. We are aware the company has submitted a letter with its filing for individual LTC business under SERFF tracking # PRUD-130596260 for which objections have previously been provided. It is entirely the company's choice to use that letter for both individual and group long term care blocks with adequate variability.

In the event the company wishes to have a separate group letter, the following concerns should be addressed:

1) For compliance with 14VAC5-200-75 D 1 and 14VAC5-200-75 A 2 and A 4 b, clearly state the policy may be subject to future increases; and if there are such increases, options similar to those being offered now will be available and that changes in benefits may be done at any time upon the insured's request. Please include a statement the insured has a right to a revised premium rate or rate schedule upon request.

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

a) Please provide a clear explanation of the options available to the policyholder as alternative to paying the increased premium amount. Currently, the letter offers to reduce the daily maximum amount and/or Lifetime maximum amount, and exercise the nonforfeiture benefit or elect a contingent non-forfeiture right. Since the Long Term Care Insurance Change Request Form is separate and apart from the letter, information in that form may not be used to satisfy the requirements set forth in 14VAC5-200-75 D. Although the letter states on page 2 that there may be additional options available, the letter does not mention the inflation riders that are included in the change form; however, the form does not appear to include all potential options the insured may select. Our

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concern is that the insured may assume after reviewing the Personalized Options in the letter and reviewing the change form, there are no other available options. To avoid that potential misunderstanding, the ending of the letter should again remind the insured there may be other options such as removing and amending riders or the elimination period and to contact the Customer Service area for more information. The Long Term Care Insurance Change Request Form should include the same information as well.

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

c) It should be clear to the insured how the paid-up value would be calculated for both the non-forefeiture and contingent benefit upon lapse options as set forth in 14VAC5-200-185 E 3 and F. Please include such in the letter. The paid up value is based on the premium paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

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

4) For compliance with 14VAC5-200-75 D 3, the letter should be more specific as to what are the driving factors of the premium rate increase. What assumptions and other factors were evaluated and found to be inadequate when the policy was originally priced? Below is an example of a clearer explanation of a rate increase:

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

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

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

7) Please provide a Statement of Variability for the policyholder letter, Change Form, and Frequently Asked Questions (FAQ) for review.

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

9) Since this is a group policy, rather than use the term "policy", please use the term "certificate" which is more accurate wherever it

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appears in the letter.

10) Is the Frequently Asked Questions Relating to Premium Increase intended to be a part of the letter or a separate enclosure? If intended as a separate enclosure, please move the document to Supporting Documentation.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers and stated that if the automatic inflation rider is eliminated, the benefit amount would revert back to the original benefit amount by default, though the policyholder can elect to keep their inflated benefit. For further clarification, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?

Objection 4

- LTC Rate Summary Form (Supporting Document)

Comments: Thank you for your response to our objection 2. Please include this narrative as a second page to the Rate Summary.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the response letter, the company is planning to update its assumptions and projections with experience through June 30th, 2016. We will not do an in-depth actuarial review until that information is submitted.

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

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Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 08/14/2015
Submitted Date 08/14/2015
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

- Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015 (Supporting Document)

Comments: According to your correspondence a copy of the policyholder notification letter was attached; unfortunately, we are unable to locate the attachment. Since our previous correspondence, 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. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at <http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748>.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. A summary of the new requirements are:

The notice is required to be filed with the commission at the time the premium rate increase is filed;

The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;

The notice is required to include at least the following information:

1. All applicable information identified in 14VAC5-200-75 including A 1, A 2, A 3 and A 4 a and b.
2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
 - a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
 - b. A disclosure stating that all options available to the policyholder may not be of equal value;
 - c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and
 - d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

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

As a result, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised. Because the letters must be "filed", please attach the amended letters to the Form Schedule in SERFF

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in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letters will require a form number. Please include a Statement of Variability, if applicable.

Objection 2

- LTC Rate Summary Form (Supporting Document)

Comments: In response to our objection #24, the company indicated the reason for the rate increase is provided in the policyholder notification letter. For our purposes a narrative is required for the Rate Summary and should be completed as requested.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum refers to Appendix A which is no longer attached to the memorandum. Please attach Appendix A as a separate document under Supporting Documentation.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. In Exhibit 3 of Appendix C, the chart shows the expected severity of claims by calendar year. For the years 2009-2012, the population count is relatively stable, and the expected severity is as well. Please explain the large dip in expected severity for 2013.

2. Please provide a comparison of the GLTC1, GLTC2, GLTC3 and GLTC4 policy forms in terms of benefits, issue years, rates for representative cells, and current or anticipated rate actions.

3. Please provide a more detailed explanation of your view of the credibility of the GLTC3 block of business, including the standard being used by the Company for full credibility.

4. Since the lapse assumptions vary by segment (Core, one large group, other), please provide a split of the historical lapse experience study by segment.

5. We were unable to locate the state disposition chart referenced in #17 of your June 24, 2015 response.

6. Please update the loss ratio projections with actual experience through a more recent date, such as 12/31/2014.

Objection 5

Comments: This is in response to the company's concerns regarding how a certificate may be updated:

While there is no statute or regulation that specifically requires an endorsement be used to make a change in coverage, the provisions of 14 VAX 5-200-70 B clearly contemplate that a rider or endorsement be used to effectuate a change in coverage. We believe that basic contract law would require that if a company receives a request for a change in benefits from an insured, then it must provide a document (rider, endorsement, application or schedule of benefits that has been filed and approved by Bureau) back to the insured with the following:

-Date of document or indication of effective date of change in policy benefits;

-Some indication in writing in the document that a change is being made to the policy, and this new document is to be made a part of the contract.

Otherwise, the change would not be documented and the terms of the contract legally revised, and the coverage would be inconsistent with that stated in the original application attached to the policy. Although we will certainly be glad to discuss other alternatives and review any legal analysis to the contrary, the company is expected to make any policy changes as indicated above.

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.

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Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia **Filing Company:** The Prudential Insurance Company of America
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Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 01/29/2015
Submitted Date 01/29/2015
Respond By Date

Dear Keith Burns,

Introduction:

The Prudential Insurance Company of America

SERFF Tracking No: PRUD-129708969

Form No: GRP 115118

We continued our review of form GRP 115118 and we have some concerns.

Objection 1

- Personal Worksheet, GRP 115118 (Form)

Comments: The Filing Description refers to the personal worksheet as an updated version. Is the form intended to replace a previous approved form? If so, the Form Action on the Form Schedule should be revised.

Objection 2

- Personal Worksheet, GRP 115118 (Form)

Comments: We acknowledge that the full and proper corporate name appears prominently on the form; however, once stated, the company then refers to itself as only Prudential. The form requires a mechanism that advises that all other references to the corporate name will appear as Prudential. The presentation of the full and proper corporate name as The Prudential Insurance Company of America (Prudential here after) or words of similar import would resolve our concern.

Objection 3

- Personal Worksheet, GRP 115118 (Form)

Comments: The first page of the form is identified as Page 2. Please revise.

Objection 4

- Personal Worksheet, GRP 115118 (Form)

Comments: As an observation, the answer options to the question How do you expect your income to change over the next ten years are immediately followed by the note If you will be paying premiums with money received. Is the section intended to appear in this manner or do you intend for the note to appear beneath the answer options?

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.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie Andy

Senior Insurance Market Examiner

Sincerely,

Elsie Andy

State: Virginia **Filing Company:** The Prudential Insurance Company of America
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Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 09/17/2014
Submitted Date 09/17/2014
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 rate filing indicates the following concerns and questions. Concerns regarding the form submission will be addressed by another examiner at a later date. We'll continue our review of the submitted rate filing upon receipt of the following information:

1. Does Prudential have any other group business? If so, what is your rationale for excluding those policies from this filing?
2. What is the range of issue dates of policies sold a) in Virginia and b) nationwide? Do you continue to add new lives to existing group contracts? If not, when did that cease? If you are still adding new lives, please confirm the new premium rates would apply to new insureds.
3. The actuarial memorandum states this form is guaranteed renewable. Please confirm it is guaranteed renewable for life.
4. Please confirm our understanding that although the Virginia experience pre-dates the effective date of rate stabilization (October 1, 2003), this policy was filed under the rate stabilization requirements.
5. Provide an estimate of how much of the 40% increase is attributable to each component of morbidity, mortality and lapses.
6. Do the reserve transfers result from the transfer of business from Aetna? Are there any other transfers? Describe the basis for the reserve transfer. Is this a transfer of active life or disabled life reserves or both? Does it include any margin? We expect the amount transferred is meant to be a break-even proposition, that is, the amount transferred is equal to the present value of future liability. Thus you are including a piece in both premiums and claims which is expected to have a 100% loss ratio. Is this correct?
7. In the financial appendices you show a claim reserve column. Please verify this column actually represents the annual change in claim reserves.
8. The financial appendices show a very large amount of premiums, and especially claims, in the bucket of 2052 and later. Please resubmit these projections to show every individual year after 2051.
9. How is waived premiums handled in the experience? Are they included in both premiums and claims or excluded from both. Is the treatment consistent between the historical and projected periods?
10. Do the projections reflect any benefit buy-downs by insureds? If so, please quantify these and explain how you determined their value.
11. Does your contract offer a conversion privilege to an individual policy or do you use a group conversion trust? In either case, do the financial projections include insureds who continue coverage after leaving the group?
12. Please provide the distribution of counts and premium by certificate holder issue year. Appendix E shows the distribution by policy issue year. We are looking for support for your 4% interest discount assumption.

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13. Describe what blocks of business went into the Actual to Expected experience studies for lapses, mortality and morbidity. Is it only the experience of the GLTC3 block? If other blocks were used, were they individual or group business? What is your justification for including them? How did you address credibility in your A/E analysis?

14. We have a number of questions concerning the lapse study.

- a) Does the lapse experience encompass both group level terminations and insured level terminations? Do you distinguish between the two? Does the revised assumption encompass both of these?
- b) There are two exhibits of lapse experience - one in Appendix D (Policy Persistency) and one in Appendix C (Voluntary Lapses). Both Appendices use the term "Policy Duration". Is policy duration measured based on the original effective date of the policy or on the effective date of each insured?
- c) Both appendices have a footnote that the lapse assumption varies by segment. What are the segments and how are they handled in the lapse studies? Do they have separate assumptions in the projections? If so, provide this additional information.
- d) The voluntary lapse table in the actuarial memorandum shows voluntary lapses of 7.0%, 5.0%, etc. But the current assumptions columns in Appendix C and D look nothing like that table. Are we missing something?
- e) The actuarial memo states that for one large group the assumption is 1.0% in all years. Why would you treat this group differently? Is their experience fully credible? How many insureds are in this group? Provide the distribution of business by duration for this group. Is this group part of the experience studies?
- f) You have a separate lapse assumption for "the "Core" business where the employer pays for the coverage." Is this 100% paid by the employer? Why is the lapse rate so much higher for these groups? Why would the lapse rate vary so greatly by attained age (20% at the younger ages, grading down to 1% at the older ages)? You state that "based on our prior experience, no shock lapse or claims anti-selection was assumed in this filing." Why would you not expect significant group terminations in the Core market? How is the Core block handled in the lapse studies?
- g) You indicate that terminations were checked against the Social Security Death Master File. Did you use any date parameters in this comparison? For example, if a person terminated and you found him on the Master File with a date of death 2 years beyond his termination date, is that still considered a death?

15. Regarding the Actual to Expected morbidity study:

- a) Please provide an analysis by gender.
- b) Provide the morbidity adjustment factors.
- c) Does your analysis include a piece for IBNR? If so, indicate the amount of IBNR reserve by calendar incurred year.
- d) Provide a comparison, by calendar year, of the actual claims to those expected by the original pricing assumptions.

16. Regarding the Actual to Expected Mortality study:

- a) The results shows declining A/E ratios by attained age. Why is there this pattern if you used "steepening" factors? From your analysis, it appears mortality should have been lowered by 25% at ages under 60 and increased 25% at ages above 90, with grading in between 60 and 90.
- b) Please provide an analysis by gender.
- c) Provide the selection factors.
- d) Provide a comparison, by calendar year, of the actual mortality to that expected by the original pricing assumptions.

17. Please provide, in an Excel workbook, a status of approvals in other states. Include the in-force premium for each state.

18. Are there any rate guarantees on this business? If so, how are they handled in the projections?

19. Please confirm our understanding that all policies are lifetime pay. There are no limited pay options.

20. In lieu of the full rate increase, one option available to the insured is elimination of optional riders. Please confirm our expectation that if an automatic inflation rider is eliminated, the benefit amount would be frozen at the current amount and not revert back to the original benefit amount.

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21. Please review the attached NAIC's Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response.

22. Please provide a copy of the notice that will be sent to the certificate holders affected by this rate increase for review.

23. Form number 83500 GBT T 5005 does not match exactly the form number that was approved under the state tracking number 7/16323. Our records show form number 83500 GBT T 5010 was approved. If this is the correct form number, please update the Rate/Rule Schedule accordingly; otherwise, please remove this form or advise under what filing and date this form was approved.

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

MODEL BULLETIN

DATE: [Insert Date]

TO: All Licensed Insurers Writing Long-Term Care Insurance

FROM: [Insert Name & Title]

RE: Announcement of Alternative Filing Requirements for Long-Term Care Premium Rate Increases

Effective *[insert date three (3) months after issuance of this bulletin]*, the following guidelines will be used in the review of pre-rate-stability and post-rate-stability premium rate adjustment filings for long-term care insurance policies. The intent of this bulletin is to address rate increases for long-term care insurance policies currently in force, in particular pre-rate-stability policies.

For purposes of this bulletin, “rate stability” is defined as provisions contained in the 2000 NAIC Long-Term Care Insurance Model Regulation (Model 641) as adopted by *[insert state name]* on *[insert date of adoption of Section 20 et al]*. Policies with effective dates prior to *[insert rate stability adoption date]* are referred to as “pre-rate-stability” policies, and policies with effective dates on or after *[insert rate stability adoption date]* are referred to as “post-rate-stability” policies.

Drafting Note: States may need to consider whether their state rules allow these provisions to be issued as a bulletin, or whether some or all of these provisions may require adoption through other state regulatory procedures.

Actuarial Assumptions for Establishing Rate Increase Requests:

When rate adjustments are filed with the [Department] for both pre-rate-stability and post-rate-stability policy forms, it is the intent of the [Department] to work with the insurer, to the extent appropriate, to review the reasonableness of the set of assumptions by which to determine the rate increase(s) necessary to reach adequate ultimate premiums and that can be used to monitor developing experience. When disclosing assumptions to the [Department], the insurer will provide the resulting rate revision request at the same time so that the [Department] may include this in their review.

In assessing these assumptions as proposed by the insurer, the [Department] may use the services of an independent actuary and, if appropriate under state law, may charge the insurer for the costs of these services. The [Department] may also accept a review done by or for another state or states for the same or substantially the same policy form where any differences in benefits and premiums are not material and such review was completed within eighteen months of the date of the rate adjustment filing and such review substantially complies with the [Department]’s rate review standards.

The assumptions will be consistent with the following:

1. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves. The actuary shall disclose as part of the actuarial memorandum the use of any averages.
2. All accumulated values used to determine rate increases shall use the actual experience of the product in as close a manner to that used in the original development of rates as possible. This is not intended to preclude the inclusion of multiple policy forms into one rate increase determination if such pooling increases the credibility of the combined accumulated experience.
3. All present values calculated to determine rate increases shall use reasonable estimates of future premium payments and claims payments. Such estimates are to be part of the assumptions as anticipated above and, for post-rate-stability policies this would include a margin for moderately adverse experience, while for pre-rate-stability policies, this would be based on best estimate assumptions for the future lifetime of the policies, including potential margins.

Drafting Note: While not limiting each state's authority with respect to the approval of rate increases, the intention of the development of a set of assumptions is to increase the uniformity and fairness of premium rate schedule changes for all policyholders regardless of the state of issue of each policy or the current state of residence.

Approval of Rate Increases:

In approving rate increase requests for both pre-rate-stability policies and post-rate-stability policies consistent with the assumptions described in the section above, the [Department], with the concurrence of the insurer where such concurrence is appropriate, will determine ways in which the following may be included to benefit policyholders:

1. The [Department] may approve a single increase of the requested amount and the insurer agrees to not implement future rate increases on each subject policy for three years from the date of implementation of the rate increase for each policy form; or
2. In lieu of a single increase, the [Department] may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current rate increase filing. For pre-rate-stability policy forms, the approval includes a three-year monitoring provision similar to that currently applicable to post-rate-stability rate increases to allow modification of later increases that were not appropriate based on the experience following the initial rate increase. When determining the rate comparison for new business, forms subject to a series of increases shall not be included.

Requirement to Administer Contingent Benefit Upon Lapse:

For pre-rate-stability policies, the [Department] will require the implementation of the contingent benefit upon lapse¹ as outlined below, as a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required. The contingent benefit upon lapse is already required for post-rate-stability policies.

For both pre-rate-stability and post-rate-stability policies, if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required² to include contingent benefit upon lapse at the time of each scheduled increase.

For policies or certificates which have reached their twentieth duration, the [Department] may require the insurer to provide the contingent benefit upon lapse³ without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

The insurer shall notify policyholders and certificate holders of the contingent benefit upon lapse when required by the [Department] in conjunction with the implementation of a rate increase.

Policyholder Notification of Premium Increase:

The insurer shall file with the [Department] the premium increase notification letter to policyholders at the time of the premium rate increase for informational purposes. The insurer shall clearly disclose to policyholders the following elements:

1. the amount of the premium rate increase requested and implementation schedule (e.g., single premium increase applied or phased in a series of premium increases);
2. available benefit reduction/rate increase mitigation actions;
3. clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future; and
4. offer of contingent benefit upon lapse, if applicable.

Application of New Loss Ratio Standards:

The [Department] will require the insurer to limit the increase based on the use of a dual loss-ratio approach for pre-rate-stability policy forms. The recommended loss-ratio would be:

¹ A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

² Any such additional requirements, with respect to contingent benefit upon lapse, shall not change the determination of whether or not a majority of policies or certificates are eligible for contingent benefit upon lapse.

³ A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

- the greater of 60% or the lifetime loss ratio used in the original pricing, applied to the current rate schedule on the effective date of these new requirements; plus
- 80% applied to any premium increase that is filed after that date on an individual policy form; or
- 75% applied to any premium increase that is filed on a group policy form.

For post-rate-stability policy forms, the current loss-ratio standards are unchanged.

Consideration of New Approaches:

At the request of the insurer, the [Department] may also consider other options which may be made available to insureds which may mitigate the impact of the rate increases on the insured population or alternative actuarial methodologies relating to the rate increase. The insurer shall provide an explanation and demonstration on how such methodology is actuarially justified and/or how such new mitigation option may reasonably benefit insureds. No alternative method/approach may be used until it has been accepted by the [Department].

(INSERT COMMISSIONER NAME)
(INSERT COMMISSIONER TITLE)
(INSERT STATE NAME)

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

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

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised that we have revised the Advanced Notification Letter to include the payment mode information associated with multi year increases. Instead of updating the multi year paragraph we elected revise the paragraph directly above the premium chart to include this information. We felt the information was better placed in this location.

In addition to the above, and at the Department's suggestion, we have also revised both premium charts to include the payment mode information. The revisions can be referenced on pages 2 and 4 of the letter.

Please be advised that the "John Doe" letter and Manual of Variability have also been updated to coincide with these changes.

Related Objection 1

Applies To:

- GRP 115128 - Advanced Notification Letter - "John Doe" version (Supporting Document)

Comments: For clarity, in the 2nd paragraph of the letter, please specify what mode the affected premium is (monthly, quarterly ,etc.). It may also be helpful to include this information in any charts that show the new (modal) premium.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language - File Copy - 3-4-2019.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 1-9-2019.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-28-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 11-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language - 9-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 8-2017.pdf</i> <i>GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	

State: Virginia Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language - File Copy - 3-4-2019.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 1-9-2019.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-28-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 11-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language - 9-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 8-2017.pdf</i> <i>GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

Satisfied - Item:	GRP 115128 - Advanced Notification Letter - "John Doe" version
Comments:	
Attachment(s):	GRP 115128 - John Doe (Multiple Years) File Copy - 3-4-2019.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>GRP 115128 - Advanced Notification Letter - "John Doe" version</i>
Comments:	
Attachment(s):	<i>GRP 115128 - John Doe (Multiple Years) File Copy - 2-8-2019.pdf</i>

State: Virginia
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 2-2019.pdf	Date Submitted: 03/06/2019 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 11-2018.pdf	Date Submitted: 11/14/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - 9-2018 - File Copy.pdf	Date Submitted: 10/01/2018 By:
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf	Date Submitted: 08/10/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 1-4-2018.pdf	Date Submitted: 01/05/2018 By:
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter	Date Submitted: 11/17/2017 By: Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 2-2019.pdf - File Copy - 11-17-2017.pdf	Date Submitted: 03/06/2019 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf	Date Submitted: 03/09/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder	GRP 115128	OTH	Initial			GRP 115128 - VA	Date Submitted:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 2-2019.pdf	Date Submitted: 03/06/2019 By: Raenonna Prince
	<i>Advance Notification Letter</i>						<i>Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

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

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/08/2019
Submitted Date	02/08/2019

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Pursuant to 14VAC5-100-50-3, we enclose for your review a "John Doe" version of the Advanced Notification Letter.

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

Related Objection 1

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

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:	GRP 115128 - Advanced Notification Letter - "John Doe" version
Comments:	
Attachment(s):	GRP 115128 - John Doe (Multiple Years) File Copy - 2-8-2019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

Raenonna L. Prince, CLTC, LTCP

Lead Analyst

The Prudential Insurance Company of America

2101 Welsh Road, LTC Unit

Dresher, PA 19044

Voice: 215-658-6281| Cell: 215-990-7186

Fax: 888-294-6332

E-Mail: Raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/09/2019
Submitted Date	01/09/2019

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Ms. Andy, thank you for your telephone call this afternoon and providing clarification on the needed changes in the Manual of Variability.

We have revised the Endorsement (GRP 115125) section of the Manual of Variability to explain the customer service operational hours variability field.

Related Objection 1

Applies To:

- Endorsement, GRP 115125 (Form)

Comments: Please identify the variable normal business hours field [8:00 a.m. to 7:00 p.m.] appearing in the last paragraph on the first page of the endorsement. This field should be identified in the Manual of Variable Language, and the variability sufficiently explained to indicate how the field will vary from the text as stated.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language (File Copy) - 1-9-2019.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-28-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 11-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language - 9-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 8-2017.pdf GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/09/2019
Submitted Date	01/09/2019

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

We are a little confused by the Department's most recent objection. The 12/26/2018 letter of objection received from Ms. Andy was responded to on 12/28/2018.

We ask that you please refer to our 12/28/2018 letter of response and advise if any additional information is required.

Related Objection 1

Applies To:

- Manual of Variable Language (Supporting Document)

Comments: Thank you for your previous response. Please respond specifically to our objection dated 12/26/2019.

Changed Items:

No Supporting Documents changed.

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:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/28/2018
Submitted Date	12/28/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request, we have updated the Manual of Variability to identify the variability field for the 800 toll free number referenced in the last paragraph on page one of form GRP 11525.

Related Objection 1

Applies To:

- Personal Worksheet, GRP 115124 (Form)
- Manual of Variable Language (Supporting Document)

Comments: Thank you for the revision to the Manual of Variable Language for Group Long Term Care Insurance with respect to form GRP 115125; however, we one remaining concern. All variable fields should be identified and even those fields that are self-explanatory should appear in the explanation of variability. Please note that the variable hours of operation field appearing in the last paragraph on the first page of the endorsement is not identified. This field should be identified in the Manual of Variable Language, and the variability sufficiently explained to indicate how the field will vary from the text as stated.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language (File Copy) - 12-28-2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 12-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 11-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language - 9-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 8-2017.pdf GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/07/2018
Submitted Date	12/07/2018

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 Variable Language attached to the Supporting Documentation Tab of this filing. At the Department's request we have expanded the date, customer service and fax telephone numbers fields for the Endorsement (GRP 11525).

Related Objection 1

Applies To:

- Endorsement, GRP 115125 (Form)
- Manual of Variable Language (Supporting Document)

Comments: Form GRP 115125 contains variable fields that are not identified in the Manual of Variable Language for Group Long Term Care Insurance. Even those fields that are self-explanatory should appear in the explanation of variability. Please revise the explanation of variability to explain how the date field appearing between the Fax Number and Long-Term Care insurance, the customer service center telephone number field, and the hours of operation field are subject to change from the text as presented. Specific to the date field, please explain what the date represents. In other words, does the date represent when the letter was sent, the effective date of the coverage changes, or otherwise?

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language (File Copy) - 12-2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 11-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language - 9-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 8-2017.pdf GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

No Form Schedule items changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/14/2018
Submitted Date	11/14/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request we have relocated the Confirmation Statement to the Forms Schedule Tab of this filing. Additionally, we would like to point out that this document will be used in conjunction with the Endorsement Form (GRP 115125). Both documents include the effective date of the coverage changes.

In addition to the above, we have also updated the Manual of Variability to include the Confirmation Statement.

Related Objection 1

Applies To:

- GRP 99922 - Confirmation Statement (Supporting Document)

Comments: As the Confirmation Statement is to be associated with the Certificate Endorsement, explains the benefit changes detail, and thereby becomes part of the certificate, it must be approved. Contrary to the comment This form was previously reviewed and approved by the Department on May 8, 2002., the Correspondence in Supporting Docs indicate the form was Withdrawn (VA-Letter of Approval 5-8-2002.pdf).

Please move this form to the Forms Schedule for review and approval and also provide an associated Schedule of Variability in Supporting Documents.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 99922).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 99922).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf

Satisfied - Item:	Confirmation Notice (GRP 99922) Correspondence
Comments:	This form has been relocated to the Forms Tab of this filing.
Attachment(s):	VA - Letter of Objection - 4-5-2002.pdf VA - Letter of Approval - 5-8-2002.pdf
<i>Previous Version</i>	
Satisfied - Item:	Confirmation Notice (GRP 99922) Correspondence
Comments:	
Attachment(s):	VA - Letter of Objection - 4-5-2002.pdf VA - Letter of Approval - 5-8-2002.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 99922).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf

Satisfied - Item:	Confirmation Notice (GRP 99922) Correspondence
Comments:	This form has been relocated to the Forms Tab of this filing.
Attachment(s):	VA - Letter of Objection - 4-5-2002.pdf VA - Letter of Approval - 5-8-2002.pdf
<i>Previous Version</i>	
Satisfied - Item:	Confirmation Notice (GRP 99922) Correspondence
Comments:	
Attachment(s):	VA - Letter of Objection - 4-5-2002.pdf VA - Letter of Approval - 5-8-2002.pdf

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language (File Copy) - 11-2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language - 9-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>Manual of Variable Language (File Copy) - 8-2017.pdf</i> <i>GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

No Rate/Rule Schedule items changed.

Response 2

Comments:

At the Department's request we have revised the language in the Partnership section of the Advance Notification Letter. This information can be referenced in the first paragraph on page 4 of the revised letter.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Related Objection 2

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Page 4, first paragraph, Whether your coverage qualifies for Partnership depends in part on your age and the type of inflation protection you select and maintain. If you elect to reduce your inflation protection coverage it may affect whether your coverage continues to be a Partnership eligible.

While we agree that inflation protection may be the primary consideration in determining if a certificate continues to be Partnership eligible, there are other qualifications that could effect eligibility. Here is an example of language that we would find acceptable for this notice:

If you make any changes to your [certificate or policy], such changes could affect whether your [certificate or policy] continues to be a Partnership [certificate or policy]. Before you make any changes, you should consult with [carrier name] to determine the effect of a proposed change.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 11-2018.pdf	Date Submitted: 11/14/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>		<i>41.800</i>	<i>GRP 115128 - VA Policyholder Advance Notification Letter - 9-2018 - File Copy.pdf</i>	<i>Date Submitted: 10/01/2018 By:</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>		<i>41.800</i>	<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf</i>	<i>Date Submitted: 08/10/2018 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>		<i>41.800</i>	<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 1-4-2018.pdf</i>	<i>Date Submitted: 01/05/2018 By:</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>		<i>41.800</i>	<i>GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 11-17-2017.pdf</i>	<i>Date Submitted: 11/17/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>		<i>41.800</i>	<i>GRP 115128 - VA Policyholder Advance Notification Letter</i>	<i>Date Submitted: 08/07/2017 By: Raenonna Prince</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 11-2018.pdf <i>(File Copy) - 8-2017.pdf</i>	Date Submitted: 11/14/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf	Date Submitted: 03/09/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 11-2018.pdf	Date Submitted: 11/14/2018 By: Raenonna Prince
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/14/2018
Submitted Date	09/14/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised that at the time policyholder notification letters are mailed, policyholders who are on waiver of premium neither receive a rate increase notification letter, nor are they subject to the rate increase implementation.

Assuming the policyholder recovers and returns to premium paying status, a policyholder notification letter will then be mailed at least 75 days prior to the new effective date of the rate increase for this individual.

Prudential has used this approach since our first rate increase in 2009. We believe this administrative practice helps to eliminate the confusion for those policyholders on waiver of premium.

Related Objection 1

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please include, in the letter, an explanation of what happens in the event of a rate increase while an insured's premiums are being waived because they are on claim, including the options available to the insured once they come off of premium waiver.

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 19044
Voice: 215-658-6281 | Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@prudential.com

Sincerely,
Raenonna Prince

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/10/2018
Submitted Date	08/10/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

Related Objection 1

Comments: Please, clarify the following entries in the Company Rate Information section :

- We note in your last update that the Written Premium increased although the Number of Policy Holders Affected went down. Please explain.
- Minimum % Change, it would seem this entry would be 0% as pre-rate policies are not receiving an increase. Please revise or explain in detail.
- As pre-rate policies are not included in the increase, it would seem the 40% Overall Indicated Change and Overall Rate Impact should reflect weighted adjustment. Please revise or explain approach.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 8-2-2018
Comments:	
Attachment(s):	VA - Letter of Response (GLTC-3) - 8-2-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

State: Virginia Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

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

Related Objection 2

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please include, in the letter, an explanation of what happens in the event of a rate increase while an insured's premiums are being waived because they are on claim.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 8-2-2018
Comments:	
Attachment(s):	VA - Letter of Response (GLTC-3) - 8-2-2018.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf	Date Submitted: 08/10/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 1-4-2018.pdf	Date Submitted: 01/05/2018 By:
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 11-17-2017.pdf	Date Submitted: 11/17/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter	Date Submitted: 03/09/2017 By: Raenonna Prince

State: Virginia
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf (File Copy) - 3-2017.pdf	Date Submitted: 08/10/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please refer to the letter of response and revised notification letter from our Actuary, Ms. Ritu Jain. This information can be referenced on the Form Schedule and Supporting Documentation Tabs of this filing.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Related Objection 3

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Request discussion on letter structure to expedite process.

Please revise paragraph 2, in the letter, to include the actual premium that the insured will pay starting the 2nd rate increase. For ease of understanding, the pertinent numbers concerning the rate increase process should be briefly summarized in one location.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 8-2-2018
Comments:	
Attachment(s):	VA - Letter of Response (GLTC-3) - 8-2-2018.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf	Date Submitted: 08/10/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 1-4-2018.pdf	Date Submitted: 01/05/2018 By:
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 11-17-2017.pdf	Date Submitted: 11/17/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter	Date Submitted: 03/09/2017 By: Raenonna Prince

State: Virginia
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf (File Copy) - 3-2017.pdf	Date Submitted: 08/10/2018 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 4

Comments:

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

Related Objection 4

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 8-2-2018
Comments:	
Attachment(s):	VA - Letter of Response (GLTC-3) - 8-2-2018.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:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/25/2018
Submitted Date	04/25/2018

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 amended material from our Actuary, Ms. Ritu Jain.

Related Objection 1

Applies To:

- Appendix A (Supporting Document)

Comments: It is our understanding that the company is not requesting a rate increase on Pre-Rate Stability policies. Therefore, please make the following revisions/edits:

- Appendix A appears to state that Pre-Rate policies may be subject to an increase. Please remove references to any rate increase for Pre-Rate Stability policies in Appendix A, the Actuarial Memo, and all other documents in this filing.
- Rate/Rule Schedule, Company Rate Information
Confirm accuracy of Written Premium Change, Number of Policy Holders Affected for this Program, and Minimum % Change. Are they adjusted for the Pre-Rate policies?

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf VA GLTC3 Post RS Appendices.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	

State: Virginia Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf VA GLTC3 Post RS Appendices.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf</i> <i>VA - Appendices - GLTC-3 - 9-2014.pdf</i>

Satisfied - Item:	Letter of Response - 4-25-2018
Comments:	
Attachment(s):	VA - Letter of Response - 4-25-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

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

Related Objection 2

Comments: Rate/Rule Schedule, Company Rate Information

Please confirm use of the term "Policy Holders" in your calculations. Also, include in your response the number of lives affected by the rate increase.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf VA GLTC3 Post RS Appendices.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	

SERFF Tracking #: PRUD-129708969 State Tracking #: PRUD-129708969 Company Tracking #: IIGHGLTC3RATE-RP-VA

State: Virginia Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf VA GLTC3 Post RS Appendices.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf

Satisfied - Item:	Letter of Response - 4-25-2018
Comments:	
Attachment(s):	VA - Letter of Response - 4-25-2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

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

Related Objection 3

Comments: Please submit the following rate pages:

- Pre-Rate Stability policy rates reflecting 0% rate change,
- Post-Rate Stability policy rates reflecting first year adjustment of 18.3%
- Post-Rate Stability policy rates reflecting second year adjustment of 18.3%

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 4-25-2018
Comments:	
Attachment(s):	VA - Letter of Response - 4-25-2018.pdf

No Form Schedule items changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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 - Base Policy Rate Pages (Post RS)	83500 BFW 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages (Post RS)</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA post-stability).pdf,</i>	<i>12/01/2017 By:</i>
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA).pdf,</i>	<i>08/23/2017 By:</i>
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 BFW 5013 - Base Policy Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
2	Appendix F - Periodic Inflation Rate Pages (Post RS)	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
2	<i>Appendix F - Periodic Inflation Rate Pages</i>	<i>83500 GBT T 5010</i>	<i>Revised</i>	<i>Previous State Filing Number:</i>	<i>Appendix F - 83500 GBT T 5010 - Periodic</i>	<i>12/01/2017 By:</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

	(Post RS)			007-0000016323 Percent Rate Change Request: 40	Inflation Rate Pages (VA post-stability).pdf,	
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages - 6-2015.pdf,	06/26/2015 By: Raenonna Prince
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5005	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 GBT T 5005 - Periodic Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
3	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Comp Inflation Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323	Appendix F - 83500 LTC T 5011 - Automatic Compound	08/23/2017 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 40	Inflation Rate Pages (VA).pdf,	
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Infl with Cap Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Inflation with Cap Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
5	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request:	Appendix F - 83500 LTC T 5013 - Auto Simple Infl Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				40		
<i>Previous Version</i>						
5	<i>Appendix F - Automatic Simple Inflation Rate Pages (Post RS)</i>	<i>83500 LTC T 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 LTC T 5013 - Auto Simple Inflation Rate Pages (VA post-stability).pdf,</i>	<i>12/01/2017 By:</i>
<i>Previous Version</i>						
5	<i>Appendix F - Automatic Simple Inflation Rate Pages</i>	<i>83500 LTC T 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages (VA).pdf,</i>	<i>08/23/2017 By:</i>
<i>Previous Version</i>						
5	<i>Appendix F - Automatic Simple Inflation Rate Pages</i>	<i>83500 LTC T 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>

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

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/28/2018
Submitted Date	02/28/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request, we have revised the LTC Rate Summary to capture the rate increase information on one form. Additionally, we have revised the narrative to include the multi-year rate increase implementation phases.

Related Objection 1

Applies To:

- LTC Rate Summary Form; 1st and 2nd phase (Supporting Document)

Comments: Even though the rate increase is to be implemented over 2 years, the Long Term Care Rate Request Summary should be completed in one form, showing only the total rate increase applied for. When the narrative is completed, it should include a description detailing the multi-year implementation.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	LTC Rate Summary Form and LTC Rate Summary Narrative
Comments:	
Attachment(s):	VA - LTC Rate Summary Request - 02-28-2018.pdf VA - LTC Rate Summary Narrative - 2-28-2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form; 1st and 2nd phase</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request (Phase 1) - 8-23-2017f.pdf VA - LTC Rate Summary Request (Phase 2) - 8-23-2017f.pdf VA - LTC Rate Summary Narrative - 2-15-2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form; 1st and 2nd phase</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request (Phase 1) - 8-23-2017f.pdf VA - LTC Rate Summary Request (Phase 2) - 8-23-2017f.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request - 11-9-2016.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request - 6-2015.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

Raenonna L. Prince, CLTC, LTCP

Lead Analyst

The Prudential Insurance Company of America

2101 Welsh Road, LTC Unit

Dresher, PA 19044

Voice: 215-658-6281| Cell: 215-990-7186

Fax: 888-294-6332

E-Mail: Raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/16/2018
Submitted Date	02/16/2018

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Pursuant to section 14VAC5-200-75, we have amended the Actuarial Memorandum as requested. The revised Actuarial Memorandum can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 19 of the Actuarial Memorandum states, "This rate revision will be implemented following state approval and a minimum of a 60 day notification to the certificate holder."

14VAC5-200-75 D states, "An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificateholders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer."

Please amend the Actuarial Memorandum so that it complies with this regulation.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please be advised we have amended the Actuarial Memorandum as requested. The revised Actuarial Memorandum can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- LTC Rate Summary Form; 1st and 2nd phase (Supporting Document)
- L&H Actuarial Memorandum (Supporting Document)

Comments: The LTC Rate Summary Form splits the rate increase into 2 increases of 18.3% each, while the Actuarial Memorandum, in Section 13, mentions only a single 40% increase. Please revise the Actuarial Memorandum to match the 2 increases noted in the Rate Summary.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes**Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):**

VA Appendices - GLTC3 v2.pdf
 VA GLTC3 Pre RS Appendices.pdf
 VA GLTC3 Post RS Appendices.pdf
 Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf

*Previous Version***Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):**

VA Appendices - GLTC3 v2.pdf
 VA GLTC3 Pre RS Appendices.pdf
 VA GLTC3 Post RS Appendices.pdf
 Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf

*Previous Version***Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):**

Act Memo - Revised Rates GLTC3 (VA) v2.pdf
 VA Appendices - GLTC3 v2.pdf
 VA GLTC3 Pre RS Appendices.pdf
 VA GLTC3 Post RS Appendices.pdf

*Previous Version***Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):**

Act Memo - Revised Rates GLTC3 (VA) v2.pdf
 VA Appendices - GLTC3 v2.pdf

*Previous Version***Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):**

VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf
 VA - Appendices - GLTC-3 - 6-2015.pdf

*Previous Version***Satisfied - Item:** L&H Actuarial Memorandum**Comments:****Attachment(s):**

VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf
 VA - Appendices - GLTC-3 - 9-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

At the Department's request we have created a brief narrative to correspond with the Long Term Care Rate Request Summaries. The narrative can be referenced on the supporting Documentation Tab of this filing.

Related Objection 3

Applies To:

- LTC Rate Summary Form; 1st and 2nd phase (Supporting Document)

Comments: Please complete the Long Term Care Rate Request Summary by attaching a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This narrative should put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving the need for an increase.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	LTC Rate Summary Form; 1st and 2nd phase
Comments:	
Attachment(s):	VA - LTC Rate Summary Request (Phase 1) - 8-23-2017f.pdf VA - LTC Rate Summary Request (Phase 2) - 8-23-2017f.pdf VA - LTC Rate Summary Narrative - 2-15-2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form; 1st and 2nd phase</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request (Phase 1) - 8-23-2017f.pdf VA - LTC Rate Summary Request (Phase 2) - 8-23-2017f.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request - 11-9-2016.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request - 6-2015.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

Raenonna L. Prince, CLTC, LTCP

Lead Analyst

The Prudential Insurance Company of America

2101 Welsh Road, LTC Unit

Dresher, PA 19044

Voice: 215-658-6281| Cell: 215-990-7186

Fax: 888-294-6332

E-Mail: Raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/17/2017
Submitted Date	11/17/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

At the Department's request we have revised the description of the Contingent Non-Forfeiture Benefit provision in the Advanced Notification Letter. A copy of the revised letter can be referenced on the Forms Schedule Tab of this filing.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 11-17-2017.pdf	Date Submitted: 11/17/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>		<i>41.800</i>	<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf</i>	<i>Date Submitted: 08/07/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf</i>	<i>Date Submitted: 06/12/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 11-17-2017.pdf	Date Submitted: 11/17/2017 By: Raenonna Prince
							<i>Sample (File Copy) - 10-2016.pdf</i>	
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

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
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/18/2017
 Submitted Date 10/18/2017

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, Ms. Ritu Jain. The response material can be referenced on the Supporting Documentation Tab of this filing.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 10-17-2017
Comments:	
Attachment(s):	VA - Letter of Response - 10-17-2017.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 10-17-2017
Comments:	
Attachment(s):	VA - Letter of Response - 10-17-2017.pdf

Satisfied - Item:	Current Rate Pages (VA)
Comments:	
Attachment(s):	Current Rate Pages (VA).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

Raenonna L. Prince, CLTC, LTCP

Lead Analyst

The Prudential Insurance Company of America

2101 Welsh Road, LTC Unit

Dresher, PA 19044

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E-Mail: Raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/21/2017
Submitted Date	08/21/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please refer to the letter of response from our Actuary, Ms. Ritu Jain. The letter can be referenced on the Supporting Documentation of tab of this filing and addresses both the Department's letter of objection dated 7/17/2017 and Note to Filer, dated 7/14/2017.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response addressing the Department's Note to Filer and Letter dated 7/14/2017 & 7/17/2017
Comments:	
Attachment(s):	VA - Letter of Response - 8-18-2017.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/04/2017
Submitted Date	08/07/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

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

2) At the Departments request, we have removed the directive text from the final version of the Change Request Form. The revised version can be referenced on the Forms Schedule Tab of this filing.

Additionally, the marked-up version of this same form, containing the directive text, can be referenced with the Manual of Variability on the Supporting Documentation Tab of the filing.

3) Pursuant to 14VAC5-110-60, we have included a Certification of Readability.

Related Objection 1

Applies To:

- Change Request Form, GRP 115128A (Form)

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

Form GRP 115128A 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 provide a Certification of Readability for compliance with 14VAC5-110-60.

Changed Items:

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA - Readability Certification Form - 9-4-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA - Readability Certification Form - 9-4-2014.pdf</i>

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language (File Copy) - 8-2017.pdf GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	GRP 115128A	OTH	Initial		44.400	GRP 115128A - VA Change Request Form (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 12-16-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 2

Comments:

At the Departments direction, we have added a Form Number to the Frequently Asked Questions Enclosure and attached it to the Forms Schedule Tab of this filing. The assigned form number is GRP 115279. A Certification of Readability has also been included.

Related Objection 2

Applies To:

- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA - Readability Certification Form - 9-4-2014.pdf</i>

No Rate/Rule Schedule items changed.

Response 3

Comments:

State:	Virginia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

1) Please be advised that we have bracketed the directive red text in the Notification Letter and have expanded this section in the Manual of Variable Language to include the Departments suggested to statement concerning the directive red text.

2) Please be advised that we have added bracketing to the next to the last sentence of the second paragraph. This was an oversight and we thank the Department for bringing this matter to our attention.

In terms of including explanatory language concerning the need for an increase in our second and third letters, the language does appear. Please refer to the third paragraph of the John Doe versions of these letters located on the Supporting Documentation Tab of this filing.

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. Please refer to the third paragraph of the John Doe versions of these letters located on the Supporting Documentation Tab of this filing.

3) We have amended the Manual of Variable Language to include explanations for the bracketed sections of the Notification Letter explaining if an increase occurs over a two or three year period.

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

5) 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.

6) Pursuant to 14VAC5-100-50-5, Prudential confirms that all forms are printed in a type size of 10 point or higher.

7) As the Manual of Variable Language states, this paragraph will only appear as presented if there are options to reduce benefits to help mitigate the rate increase for the planholder, outside of those provided in the letter. If there are no alternative benefit options available, and the insured is at their minimum level of coverage, this section will not appear.

To help reduce confusion, we have elected to remove the phrase Next Steps from the letter.

Related Objection 3

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)
- Manual of Variable Language (Supporting Document)

State:	Virginia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

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 115128 all text appearing in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer. Please bracket the red language accordingly in the letter or , if the company so desires, remove all red text in the letter.

2) 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 rather than three 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 betwo 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.

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

4) Please replace the word "attached" with "enclosed" in regards to the reference to the Long-Term Care Insurance Change Request Form on page 4 under Next Steps.

5) 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.

6) Please confirm the letter will be compliant with 14VAC5-100-50 5 that it will be printed using a type size of at least 10 point.

7) Please clarify the bracketed paragraph [If there are alternative benefit quotes: Next Steps.....increased premium rate.] The manual indicates this language will appear if there are options outside of those provided. We have two concerns:

a) We cannot approve variability for which the company cannot provide what such language would appear. In other words, options outside those provided should not be included in the letter since such language cannot be reviewed at this time.

b) It would seem the statements under Next Steps should be included in the letter and not be bracketed. Please clarify.

Changed Items:

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA - Readability Certification Form - 9-4-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA - Readability Certification Form - 9-4-2014.pdf</i>

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language (File Copy) - 8-2017.pdf GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf</i>	<i>Date Submitted: 06/12/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance</i>	<i>Date Submitted: 07/19/2016 By: Raenonna</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
							Notification Letter Sample 7-2016.pdf	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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2101 Welsh Road, LTC Unit
Dresher, PA 19044
Voice: 215-658-6281| Cell: 215-990-7186
Fax: 888-294-6332
E-Mail: Raenonna.prince@prudential.com

Sincerely,
Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/09/2017
Submitted Date	06/12/2017

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised, at the Departments request, we have replaced the term attached with enclosed.

Related Objection 1

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: Please removed the work "attached" from the first sentence of the two paragraph under the chart on page 3 that begins with "If you would like to elect an option...". The Long Term Care Insurance Change Request Form will be enclosed rather than attached.

Changed Items:

No Supporting Documents changed.

State: Virginia
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

No Rate/Rule Schedule items changed.

Response 2

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Comments:

Please be advised that insureds who are currently on waiver are not subject to the impending rate increase. In view of this, they will not receive formal notice of the rate increase and therefore, the language is not included in the policyholder notification letter.

Once an insured comes off waiver, they will then be notified of the impending rate increase including receiving the policyholder notification letter at least 75 days in advance.

You may then question why information is included in the Frequently Asked Questions document. The reasoning behind this is that this question could possibly be asked from someone who may anticipate going on waiver prior to implementation of the rate increase, or it could just be a general question from someone who is curious.

Related Objection 2

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)
- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)

Comments: It is our understanding 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:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf</i>

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

No Rate/Rule Schedule items changed.

Response 3

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Comments:

We have amended both documents as requested.

Related Objection 3

Applies To:

- Change Request Form, GRP 115128A (Form)
- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)

Comments: The form references the full corporate name of the insurer and later as only Prudential. While we do not have a concern regarding this format, the form should explain that the corporate name may be referred to as Prudential. Our concern would be resolved if the first time the company is referenced would appear as follows: "The Prudential Insurance Company of America (Prudential)."

This objection would also apply to the Frequently Asked Questions document.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form - 3-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf
<i>Previous Version</i>	
Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 12-16-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 4

Comments:

The Departments understanding is correct in that only one option will appear. However, to assist in making this information more understandable, we have elected to separate these two options on the Change Request Form and the Manual of Variable Language.

At the Departments request, we have added a description for the option to decrease the Lifetime Maximum Benefit in the Manual of Variable Language.

The Departments understanding is correct in that only one option will appear. However, to assist in making this information more understandable, we have elected to separate these two options on the Change Request Form and the Manual of Variable Language.

At the Departments request, we have expanded the above sections to provide clarification of the cited provisions.

At the Departments request, we have revised the Change Request Form to include language about contacting the company for other available options.

Related Objection 4

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Applies To:

- Change Request Form, GRP 115128A (Form)
- Policyholder Advance Notification Letter, GRP 115128 (Form)
- Manual of Variable Language (Supporting Document)

Comments: The variance in the Change Request form is somewhat difficult to follow based on the explanation in the Manual of Variable Language. The first box will either provide information to decrease the inflated Daily Maximum Benefit if the insured has a simple or compound inflation benefit OR provide information to decrease the daily maximum benefit for nursing care if the insured has a periodic or no inflation benefit. Is that correct and that only one of these options will appear?

The second box offers the insured to decrease the Lifetime Maximum Benefit by decreasing the number of years. Please include in the statement of variability what the minimum numbers of years it can be reduced.

The third box provides information to decrease the inflated Daily Maximum Benefit and Lifetime Maximum Benefit if the insured has simple or compound information OR decrease the Daily Maximum Benefit for Nursing Home Care and decrease the Lifetime Maximum Benefit Amount if the insured has periodic or no inflation. Only one option will appear, correct?

Then the Company offers either the NFO or CNFO options depending upon the insured's policy benefits.

To resolve this, please expand the Manual of Variable Language to clarify this information.

Are these the ONLY options available to reduce the impact of the premium increase? Are there any other riders that may be changed? Can the compound inflation percentage be decreased? If there are other options available, please indicate in the Change Form to contact the company as noted in the Policyholder letter.

Changed Items:

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes	
Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	VA - Manual of Variable Language File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

State: Virginia
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form File Copy - 6-	Date Submitted: 06/12/2017 By: Raenonna Prince

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 12-16-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 5

Comments:

26. The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page. If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

Our response to this issue was addressed in our letter of response dated September 4, 2015. The response was submitted by means of a SERFF filing amendment. To satisfy the Departments requirement an Endorsement (GRP 115125), was created and is currently attached to the Forms Schedule Tab of this filing for the Departments review.

It should be noted that there are three variable fields within the Endorsement form. In view of this, we have included this information in the Manual of Variable Language.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Related Objection 5

Applies To:

- *Policyholder Advance Notification Letter, GRP 115128 (Form)*

Comments: We previously questioned how the certificates were updated to reflect changes in the coverage requested by the insured. In your response dated 6/24/2015, the company stated the issue was being discussed separately in conjunction with The Bureau and would respond under a separate cover. Another response dated 7/6/2016 as that we refer to form GRP 115125 for review.

Changed Items:

No Supporting Documents changed.

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

No Rate/Rule Schedule items changed.

Response 6

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Comments:

We have amended the Manual of Variable Language as requested.

Please be advised that we are aware of and comply with the requirements of 14VAC5-200-75 D.

We have amended the Manual of Variable Language as requested.

At the Departments request, we have enclosed sample John Doe versions of the second and third Notification Letters.

Related Objection 6

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)*
- Manual of Variable Language (Supporting Document)*

Comments: Please amend the Manual of Variable Language for form GRP 115128 to include that paragraph one will appear if this is a single rate increase or paragraph two if the increase is implemented in a series. Any bracketed percentages or dollar amounts will be specific to the individual policyholder.

According to the manual, the Subsequent Increases paragraph will be the lead paragraph in the second and third notification letters. Please be aware, those letters must meet the same requirements pursuant to 14VAC5-200-75 D that were satisfied in the original letter. The information (such as the reason for the rate increase) would need to be restated or a copy of the original letter included and referenced in the subsequent letters.

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

Please attach to Supporting Documentation John Doed versions of the second and third policyholder notifications if the increase is implemented in stages.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	VA - Manual of Variable Language File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

Supporting Document Schedule Item Changes

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	VA - Manual of Variable Language File Copy - 6-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language (File Copy) - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

Satisfied - Item:	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases
Comments:	
Attachment(s):	GRP 115128 - VA Policyholder Advance Notification Letter (2nd yr) File Copy - 6-2017.pdf GRP 115128 - VA Policyholder Advance Notification Letter (3rd yr) File Copy - 6-2017.pdf

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf</i>	<i>Date Submitted: 03/09/2017 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

Raenonna L. Prince, CLTC, LTCP

Lead Analyst

The Prudential Insurance Company of America

2101 Welsh Road, LTC Unit

Dresher, PA 19044

Voice: 215-658-6281| Cell: 215-990-7186

Fax: 888-294-6332

E-Mail: Raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

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LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/03/2017
Submitted Date	05/03/2017

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 and additional response material from our Actuarial Manager, Ms. Hina Ahmad. This information can be referenced on the Supporting Documentation Tab of this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf

Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item: Letter of Response - 5-2-2017

Comments:

Attachment(s): VA - Letter of Response - 5-2-2017.pdf

Satisfied - Item: Appendix C - Description of Experience Analysis and Assumption Setting

Comments:

Attachment(s): Appendix C - Description of Experience Analysis and Assumption Setting.pdf

Satisfied - Item: GLTC-3 - Statutory Valuation Rate Exhibit

Comments:

Attachment(s): GLTC3 - Statutory Valuation Rate Exhibit.pdf

Supporting Document Schedule Item Changes

Satisfied - Item: Letter of Response - 5-2-2017

Comments:

Attachment(s): VA - Letter of Response - 5-2-2017.pdf

Satisfied - Item: Appendix C - Description of Experience Analysis and Assumption Setting

Comments:

Attachment(s): Appendix C - Description of Experience Analysis and Assumption Setting.pdf

Satisfied - Item: GLTC-3 - Statutory Valuation Rate Exhibit

Comments:

Attachment(s): GLTC3 - Statutory Valuation Rate Exhibit.pdf

Satisfied - Item: GLTC-3 Exhibit 1a Projections

Comments:

Attachment(s): VA GLTC3 Exhibit 1a Projections.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf
Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Satisfied - Item:	GLTC-3 - Statutory Valuation Rate Exhibit
Comments:	
Attachment(s):	GLTC3 - Statutory Valuation Rate Exhibit.pdf
Satisfied - Item:	GLTC-3 Exhibit 1a Projections
Comments:	
Attachment(s):	VA GLTC3 Exhibit 1a Projections.pdf
Satisfied - Item:	Original Pricing With Actual DOB
Comments:	
Attachment(s):	Original Pricing with Actual DOB.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf
Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Satisfied - Item:	GLTC-3 - Statutory Valuation Rate Exhibit
Comments:	
Attachment(s):	GLTC3 - Statutory Valuation Rate Exhibit.pdf
Satisfied - Item:	GLTC-3 Exhibit 1a Projections
Comments:	
Attachment(s):	VA GLTC3 Exhibit 1a Projections.pdf
Satisfied - Item:	Original Pricing With Actual DOB
Comments:	
Attachment(s):	Original Pricing with Actual DOB.pdf
Satisfied - Item:	GLTC-3 Lapse Experience by Segment
Comments:	
Attachment(s):	VA GLTC3 Lapse Experience by Segment.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf
Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Satisfied - Item:	GLTC-3 - Statutory Valuation Rate Exhibit
Comments:	
Attachment(s):	GLTC3 - Statutory Valuation Rate Exhibit.pdf
Satisfied - Item:	GLTC-3 Exhibit 1a Projections
Comments:	
Attachment(s):	VA GLTC3 Exhibit 1a Projections.pdf
Satisfied - Item:	Original Pricing With Actual DOB
Comments:	
Attachment(s):	Original Pricing with Actual DOB.pdf
Satisfied - Item:	GLTC-3 Lapse Experience by Segment
Comments:	
Attachment(s):	VA GLTC3 Lapse Experience by Segment.pdf
Satisfied - Item:	GLTC-3 Since Inception Projections
Comments:	
Attachment(s):	VA GLTC3 Since Inception Projections.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

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Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf
Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Satisfied - Item:	GLTC-3 - Statutory Valuation Rate Exhibit
Comments:	
Attachment(s):	GLTC3 - Statutory Valuation Rate Exhibit.pdf
Satisfied - Item:	GLTC-3 Exhibit 1a Projections
Comments:	
Attachment(s):	VA GLTC3 Exhibit 1a Projections.pdf
Satisfied - Item:	Original Pricing With Actual DOB
Comments:	
Attachment(s):	Original Pricing with Actual DOB.pdf
Satisfied - Item:	GLTC-3 Lapse Experience by Segment
Comments:	
Attachment(s):	VA GLTC3 Lapse Experience by Segment.pdf
Satisfied - Item:	GLTC-3 Since Inception Projections
Comments:	
Attachment(s):	VA GLTC3 Since Inception Projections.pdf
Satisfied - Item:	GLTC-3 State Disposition Chart - 4-2017
Comments:	
Attachment(s):	VA GLTC3 State Disposition Chart 04-2017.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf
Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Satisfied - Item:	GLTC-3 - Statutory Valuation Rate Exhibit
Comments:	
Attachment(s):	GLTC3 - Statutory Valuation Rate Exhibit.pdf
Satisfied - Item:	GLTC-3 Exhibit 1a Projections
Comments:	
Attachment(s):	VA GLTC3 Exhibit 1a Projections.pdf
Satisfied - Item:	Original Pricing With Actual DOB
Comments:	
Attachment(s):	Original Pricing with Actual DOB.pdf
Satisfied - Item:	GLTC-3 Lapse Experience by Segment
Comments:	
Attachment(s):	VA GLTC3 Lapse Experience by Segment.pdf
Satisfied - Item:	GLTC-3 Since Inception Projections
Comments:	
Attachment(s):	VA GLTC3 Since Inception Projections.pdf
Satisfied - Item:	GLTC-3 State Disposition Chart - 4-2017
Comments:	
Attachment(s):	VA GLTC3 State Disposition Chart 04-2017.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

	VA GLTC3 Post RS Appendices.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GL TC3 (VA) v2.pdf VA Appendices - GL TC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GL TC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GL TC-3 - 9-2014.pdf</i>

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,

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/09/2017
Submitted Date	03/09/2017

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.

Related Objection 1

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)
- Manual of Variable Language (Supporting Document)

State:	Virginia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Comments: 1) Thank you for moving the paragraph regarding the reason for the rate increase to the beginning of the letter. 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) The form number appears to be missing from the form attached to the Form Schedule.

3) Please add brackets to the beginning and ending of the first paragraph and indicate in the Statement of Variability either the first or second paragraph will appear depending on if the increase is implemented as a single increase or as a series of increases.

4) 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. This should be reiterated in the subsequent rate increase notices (the variable paragraphs on page 2). For compliance with 14VAC5-200-75 D, the reasons for the rate increases must be included in these subsequent notices as well.

5) 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.

6) The subsequent rate increase notices must be in compliance with all the requirements as set forth in 14VAC5-200-75 D including a statement that no future rate increase will be filed for approval with the Virginia Bureau of Insurance prior to being implemented as well as the reasons for the rate increase.

7) 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.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 3-9-2017
Comments:	
Attachment(s):	VA - Letter of Response - 3-9-2017.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 3-9-2017
Comments:	
Attachment(s):	VA - Letter of Response - 3-9-2017.pdf
Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form - 3-2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 3-9-2017
Comments:	
Attachment(s):	VA - Letter of Response - 3-9-2017.pdf

Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form - 3-2017.pdf

Previous Version

Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf</i>

Previous Version

Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf</i>

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	VA - Manual of Variable Language (File Copy) - 3-2017.pdf

Previous Version

Satisfied - Item:	<i>Manual of Variable Language</i>
Comments:	
Attachment(s):	<i>VA - Manual of Variable Language - 12-16-2016.pdf</i>

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf	Date Submitted: 03/09/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf</i>	<i>Date Submitted: 12/16/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf</i>	<i>Date Submitted: 11/10/2016 By: Raenonna Prince</i>
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to the letter of response and additional response material.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Comments: As agreed, we will not do an in-depth actuarial review until the company has provided projections with experience through June 30th, 2016. Please let us know when this information will be forthcoming.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 2 - Lapse Analysis Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 2 - Lapse Analysis Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf Appendix C - Exhibit 3 - Morbidity Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details - By Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Previous Version

Satisfied - Item:

Appendix C - Exhibit 3 - Morbidity Details

Comments:

Attachment(s):

VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 2 - Lapse Analysis Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf Appendix C - Exhibit 3 - Morbidity Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details - By Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

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Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Previous Version

Satisfied - Item:

Appendix C - Exhibit 3 - Morbidity Details

Comments:

Attachment(s):

VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf

Satisfied - Item:

Appendix D - Persistency - Group

Comments:

Attachment(s):

VA - Appendix D - Persistency - Group - 9-2014.pdf
Appendix D - Persistency - Group v2.pdf

Previous Version

Satisfied - Item:

Appendix D - Persistency - Group

Comments:

Attachment(s):

VA - Appendix D - Persistency - Group - 9-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 2 - Lapse Analysis Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf Appendix C - Exhibit 3 - Morbidity Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details - By Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

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TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

*Previous Version***Satisfied - Item:***Appendix C - Exhibit 3 - Morbidity Details***Comments:****Attachment(s):***VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf***Satisfied - Item:**

Appendix D - Persistency - Group

Comments:**Attachment(s):**VA - Appendix D - Persistency - Group - 9-2014.pdf
Appendix D - Persistency - Group v2.pdf*Previous Version***Satisfied - Item:***Appendix D - Persistency - Group***Comments:****Attachment(s):***VA - Appendix D - Persistency - Group - 9-2014.pdf***Satisfied - Item:**

Appendix E - DOB - Large Group

Comments:**Attachment(s):**VA - Appendix E - DOB - 9-2014.pdf
VA - Appendix E - DOB - Large Group - 6-2015.xls
Appendix E - DOB v2.pdf*Previous Version***Satisfied - Item:***Appendix E - DOB - Large Group***Comments:****Attachment(s):***VA - Appendix E - DOB - 9-2014.pdf*
*VA - Appendix E - DOB - Large Group - 6-2015.xls**Previous Version***Satisfied - Item:***Appendix E - DOB***Comments:****Attachment(s):***VA - Appendix E - DOB - 9-2014.pdf*

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 2 - Lapse Analysis Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf Appendix C - Exhibit 3 - Morbidity Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details - By Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

*Previous Version***Satisfied - Item:***Appendix C - Exhibit 3 - Morbidity Details***Comments:****Attachment(s):***VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf***Satisfied - Item:**

Appendix D - Persistency - Group

Comments:**Attachment(s):**VA - Appendix D - Persistency - Group - 9-2014.pdf
Appendix D - Persistency - Group v2.pdf*Previous Version***Satisfied - Item:***Appendix D - Persistency - Group***Comments:****Attachment(s):***VA - Appendix D - Persistency - Group - 9-2014.pdf***Satisfied - Item:**

Appendix E - DOB - Large Group

Comments:**Attachment(s):**VA - Appendix E - DOB - 9-2014.pdf
VA - Appendix E - DOB - Large Group - 6-2015.xls
Appendix E - DOB v2.pdf*Previous Version***Satisfied - Item:***Appendix E - DOB - Large Group***Comments:****Attachment(s):***VA - Appendix E - DOB - 9-2014.pdf*
*VA - Appendix E - DOB - Large Group - 6-2015.xls**Previous Version***Satisfied - Item:***Appendix E - DOB***Comments:****Attachment(s):***VA - Appendix E - DOB - 9-2014.pdf***Satisfied - Item:**

Letter of Response - 3-9-2017

Comments:**Attachment(s):**

VA - Letter of Response - 3-9-2017.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 2 - Lapse Analysis Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf Appendix C - Exhibit 3 - Morbidity Details v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details - By Gender</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Previous Version

Satisfied - Item:

Appendix C - Exhibit 3 - Morbidity Details

Comments:

Attachment(s):

VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf

Satisfied - Item:

Appendix D - Persistency - Group

Comments:

Attachment(s):

VA - Appendix D - Persistency - Group - 9-2014.pdf
Appendix D - Persistency - Group v2.pdf

Previous Version

Satisfied - Item:

Appendix D - Persistency - Group

Comments:

Attachment(s):

VA - Appendix D - Persistency - Group - 9-2014.pdf

Satisfied - Item:

Appendix E - DOB - Large Group

Comments:

Attachment(s):

VA - Appendix E - DOB - 9-2014.pdf
VA - Appendix E - DOB - Large Group - 6-2015.xls
Appendix E - DOB v2.pdf

Previous Version

Satisfied - Item:

Appendix E - DOB - Large Group

Comments:

Attachment(s):

VA - Appendix E - DOB - 9-2014.pdf
VA - Appendix E - DOB - Large Group - 6-2015.xls

Previous Version

Satisfied - Item:

Appendix E - DOB

Comments:

Attachment(s):

VA - Appendix E - DOB - 9-2014.pdf

Satisfied - Item:

Letter of Response - 3-9-2017

Comments:

Attachment(s):

VA - Letter of Response - 3-9-2017.pdf

Satisfied - Item:

L&H Actuarial Memorandum

Comments:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Attachment(s):	Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf</i> <i>VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf</i> <i>VA - Appendices - GLTC-3 - 9-2014.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We trust this information should satisfy the Department's concerns. Please do not hesitate to contact me with any additional questions. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP

Lead Analyst

The Prudential Insurance Company of America

2101 Welsh Road, LTC Unit

Dresher, PA 19044

Voice: 215-658-6281 | Cell: 215-990-7186

Fax: 888-294-6332

E-Mail: Raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/16/2016
Submitted Date	12/16/2016

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 attached to the Forms Schedule and Supporting Documentation Tabs of this filing.

Related Objection 1

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)
- Frequently Asked Questions Relating to Premium Increase Disclosure Form (Supporting Document)

State:	Virginia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Comments: Please address the following concerns with the policyholder letter:

- 1) In reviewing the policyholder letter, 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.
- 2) The Personalized Options chart on page 2 provides the ability to reduce your DMB and your LMB. The explanations for these abbreviations, however, are listed as a footnote on page 4 of the letter. To avoid any potential confusion, the letter should indicate the abbreviations for such terms when each first appears in the letter. Our objection would be resolved if, for example, the first sentence under Personalized Options to Reduce the Impact of the Premium Rate Increase was changed to read: "You may reduce your current Daily Maximum Benefit (DMB) for Nursing Home Care."
- 3) The letter is missing the disclosure that all options may not be of equal value as set forth in 14VAC5-200-75 D 2 b. Please add this statement which should be bolded, highlighted or printed in large type or some other manner to bring attention to this disclosure. This disclosure should also appear on the VA Change Request Form. In addition the Partnership disclosure should also be bolded on both forms.
- 4) The last statements under NFO and CNFO paragraphs state the amount of your reduced benefits can be provided to you in writing. Please explain this statement. If the policy automatically converts to a paid up status because no premium is paid, what is the Company's process to update the policy. Wouldn't the company always provide this information in writing?
- 5) We were unable to locate an updated Statement of Variability. Please re-attach to Supporting Documentation.
- 6) If the rate increase is implemented in stages, please attach to the Form Schedule of copy of each letter for each period for review or provide the appropriate variability in the letter to accommodate this type of implementation.
- 7) We could not locate a response to our question if the Contingent Benefit Upon Lapse will be offer to everyone regardless if the triggers are met or not. Please advise.
- 8) We could not locate a response to our question regarding the statement that once approval is provided, the earliest increase will be no earlier than 75 days from the date of approval so that Prudential can provide a 60 day advance notice. Pursuant to 14VAC5-200-75 D, all policyholders must receive at least a 75 day notice prior to implementation of a rate increase. Please confirm.
- 9) We could not locate a response to our question regarding the basis for when premium increases will be "certain" vs "possible." Please advise.
- 10) Since the Frequently Asked Questions will not be attached and made a part of the letter, please add the name of the Company to the document.

Changed Items:

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 12-16-2016
Comments:	
Attachment(s):	VA - Letter of Response - 12-16-2016.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 12-16-2016
Comments:	
Attachment(s):	VA - Letter of Response - 12-16-2016.pdf

Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf

Previous Version	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 12-16-2016
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Comments:	
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Attachment(s):	VA - Letter of Response - 12-16-2016.pdf
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Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
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Comments:	
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Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
--------------------------	--

Comments:	
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Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf</i>
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Satisfied - Item:	Manual of Variable Language
--------------------------	-----------------------------

Comments:	
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Attachment(s):	VA - Manual of Variable Language - 12-16-2016.pdf
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State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 By: Raenonna Prince
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 12-16-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/09/2016
 Submitted Date 11/10/2016

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 and revised Change Request Form attached to the Form Schedule and Supporting Documentation Tabs of this filing.

Related Objection 1

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

Comments: The Long Term Care Insurance Change Request Form is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. In other words, a form should always remain complete; by removing pages, the form becomes incomplete. As a result, please make the change form a separate form and attach it to Supporting Documentation for review.

If, however, the form becomes a part of the entire contract, a unique form number should be assigned to the form and should be attached to the Form Schedule separately from the policyholder letter.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response 11-9-2016
Comments:	
Attachment(s):	VA - Letter of Response -11-9-2016.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	<i>Policyholder Advance Notification Letter</i>	<i>GRP 115128</i>	<i>OTH</i>	<i>Initial</i>			<i>GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf</i>	<i>Date Submitted: 07/19/2016 By: Raenonna Prince</i>
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to our letter of response, revised Change Request Form and Advanced Notification Letter attached to the Form Schedule and Supporting Documentation Tabs of this filing.

Related Objection 2

Applies To:

- Policyholder Advance Notification Letter, GRP 115128 (Form)

State:	Virginia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Comments: Thank you for providing a policyholder notification letter for compliance with 14VAC5-200-75 D. With sufficient variability, the company may used a "filed" letter for future long term care rate increases without having to submit a filed letter at the time of each rate increase request. We are aware the company has submitted a letter with its filing for individual LTC business under SERFF tracking # PRUD-130596260 for which objections have previously been provided. It is entirely the company's choice to use that letter for both individual and group long term care blocks with adequate variability.

In the event the company wishes to have a separate group letter, the following concerns should be addressed:

1) For compliance with 14VAC5-200-75 D 1 and 14VAC5-200-75 A 2 and A 4 b, clearly state the policy may be subject to future increases; and if there are such increases, options similar to those being offered now will be available and that changes in benefits may be done at any time upon the insured's request. Please include a statement the insured has a right to a revised premium rate or rate schedule upon request.

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

a) Please provide a clear explanation of the options available to the policyholder as alternative to paying the increased premium amount. Currently, the letter offers to reduce the daily maximum amount and/or Lifetime maximum amount, and exercise the nonforfeiture benefit or elect a contingent non-forfeiture right. Since the Long Term Care Insurance Change Request Form is separate and apart from the letter, information in that form may not be used to satisfy the requirements set forth in 14VAC5-200-75 D. Although the letter states on page 2 that there may be additional options available, the letter does not mention the inflation riders that are included in the change form; however, the form does not appear to include all potential options the insured may select. Our concern is that the insured may assume after reviewing the Personalized Options in the letter and reviewing the change form, there are no other available options. To avoid that potential misunderstanding, the ending of the letter should again remind the insured there may be other options such as removing and amending riders or the elimination period and to contact the Customer Service area for more information. The Long Term Care Insurance Change Request Form should include the same information as well.

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

c) It should be clear to the insured how the paid-up value would be calculated for both the non-forefeiture and contingent benefit upon lapse options as set forth in 14VAC5-200-185 E 3 and F. Please include such in the letter. The paid up value is based on the premium paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

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

4) For compliance with 14VAC5-200-75 D 3, the letter should be more specific as to what are the driving factors of the premium rate increase. What assumptions and other factors were evaluated and found to be inadequate when the policy was originally priced? Below is an example of a clearer explanation of a rate increase:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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

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

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

7) Please provide a Statement of Variability for the policyholder letter, Change Form, and Frequently Asked Questions (FAQ) for review.

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

9) Since this is a group policy, rather than use the term "policy", please use the term "certificate" which is more accurate wherever it appears in the letter.

10) Is the Frequently Asked Questions Relating to Premium Increase intended to be a part of the letter or a separate enclosure? If intended as a separate enclosure, please move the document to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response 11-9-2016
Comments:	
Attachment(s):	VA - Letter of Response -11-9-2016.pdf

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response 11-9-2016
Comments:	
Attachment(s):	VA - Letter of Response -11-9-2016.pdf

Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	
Attachment(s):	VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 By: Raenonna Prince
2	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 3

Comments:

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

Related Objection 3

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers and stated that if the automatic inflation rider is eliminated, the benefit amount would revert back to the original benefit amount by default, though the policyholder can elect to keep their inflated benefit. For further clarification, 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:	Letter of Response 11-9-2016
Comments:	
Attachment(s):	VA - Letter of Response -11-9-2016.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4**Comments:**

A narrative has been added as page two to the Rate Summary document. This information can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 4**Applies To:**

- LTC Rate Summary Form (Supporting Document)

Comments: Thank you for your response to our objection 2. Please include this narrative as a second page to the Rate Summary.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	LTC Rate Summary Form
Comments:	
Attachment(s):	VA - LTC Rate Summary Request - 11-9-2016.pdf
<i>Previous Version</i>	
Satisfied - Item:	LTC Rate Summary Form
Comments:	
Attachment(s):	VA - LTC Rate Summary Request - 6-2015.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

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

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the response letter, the company is planning to update its assumptions and projections with experience through June 30th, 2016. We will not do an in-depth actuarial review until that information is submitted.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response 11-9-2016
Comments:	
Attachment(s):	VA - Letter of Response -11-9-2016.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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: 800-732-0416 or 215-658-6281

Fax: 888-294-6332

E-Mail: raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2016
Submitted Date	07/19/2016

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 from our Actuary, Mr. Keith Burns, and form number GRP 115128, attached to the Forms Schedule and Supporting Documentation Tabs of this filing.

Related Objection 1

Applies To:

- Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015 (Supporting Document)

State:	Virginia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	LTC03G Group Long Term Care/LTC03G.001 Qualified		
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	GLTC-3 & 3.5 Re-Rate/3395		

Comments: According to your correspondence a copy of the policyholder notification letter was attached; unfortunately, we are unable to locate the attachment. Since our previous correspondence, 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. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at <http://www.scc.virginia.gov/DocketSearch#caseDetails/132748>.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. A summary of the new requirements are:

The notice is required to be filed with the commission at the time the premium rate increase is filed;

The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;

The notice is required to include at least the following information:

- 1. All applicable information identified in 14VAC5-200-75 including A 1, A 2, A 3 and A 4 a and b.*
- 2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:*
 - a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;*
 - b. A disclosure stating that all options available to the policyholder may not be of equal value;*
 - c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and*
 - d. Contact information that will allow the policyholder to contact the insurer for additional options available;*
- 3. A clear identification of the driving factors of the premium rate increase; and*
- 4. A statement substantially similar to the following:*

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

As a result, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised. Because the letters must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letters will require a form number. Please include a Statement of Variability, if applicable.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 7-6-2016
Comments:	
Attachment(s):	VA - Letter of Response addressing Dept issues of 8-14-2015 - 7-6-2016.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please refer to the letter of response and additional response material attached to the Supporting Documentation Tab of this filing.

Related Objection 2

Applies To:

- LTC Rate Summary Form (Supporting Document)

Comments: In response to our objection #24, the company indicated the reason for the rate increase is provided in the policyholder notification letter. For our purposes a narrative is required for the Rate Summary and should be completed as requested.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Products Summary
Comments:	
Attachment(s):	VA - Products_Summary - 7-2016.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Products Summary
Comments:	
Attachment(s):	VA - Products_Summary - 7-2016.pdf

Satisfied - Item:	Representative Cells
Comments:	
Attachment(s):	VA - Representative Cells - 7-2016.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item: Products Summary

Comments:

Attachment(s): VA - Products_Summary - 7-2016.pdf

Satisfied - Item: Representative Cells

Comments:

Attachment(s): VA - Representative Cells - 7-2016.pdf

Satisfied - Item: Letter of Response - 7-6-2016

Comments:

Attachment(s): VA - Letter of Response addressing Dept issues of 8-14-2015 - 7-6-2016.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 attached to the Supporting Documentation Tab of this filing.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum refers to Appendix A which is no longer attached to the memorandum. Please attach Appendix A as a separate document under Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item: Appendix A

Comments:

Attachment(s): VA - Appendix A - 7-2016.pdf

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Supporting Document Schedule Item Changes

Satisfied - Item:	Appendix A
Comments:	
Attachment(s):	VA - Appendix A - 7-2016.pdf
Satisfied - Item:	Letter of Response - 7-6-2016
Comments:	
Attachment(s):	VA - Letter of Response addressing Dept issues of 8-14-2015 - 7-6-2016.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please refer to the letter of response from our actuary, Mr. Keith Burns and state disposition chart. This information can be referenced on the Supporting Documentation Tab of this filing.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

- Comments: 1. In Exhibit 3 of Appendix C, the chart shows the expected severity of claims by calendar year. For the years 2009-2012, the population count is relatively stable, and the expected severity is as well. Please explain the large dip in expected severity for 2013.
2. Please provide a comparison of the GLTC1, GLTC2, GLTC3 and GLTC4 policy forms in terms of benefits, issue years, rates for representative cells, and current or anticipated rate actions.
3. Please provide a more detailed explanation of your view of the credibility of the GLTC3 block of business, including the standard being used by the Company for full credibility.
4. Since the lapse assumptions vary by segment (Core, one large group, other), please provide a split of the historical lapse experience study by segment.
5. We were unable to locate the state disposition chart referenced in #17 of your June 24, 2015 response.
6. Please update the loss ratio projections with actual experience through a more recent date, such as 12/31/2014.

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	State Disposition Chart
Comments:	
Attachment(s):	GLTC-3 & 3.5 Round 4 State Disposition Chart - 7-2016.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	State Disposition Chart
Comments:	
Attachment(s):	GLTC-3 & 3.5 Round 4 State Disposition Chart - 7-2016.pdf

Satisfied - Item:	Letter of Response - 7-6-2016
Comments:	
Attachment(s):	VA - Letter of Response addressing Dept issues of 8-14-2015 - 7-6-2016.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, Mr. Keith Burns, attached to the Supporting Documentation Tab of this filing.

Related Objection 5

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Comments: This is in response to the company's concerns regarding how a certificate may be updated:

While there is no statute or regulation that specifically requires an endorsement be used to make a change in coverage, the provisions of 14 VAX 5-200-70 B clearly contemplate that a rider or endorsement be used to effectuate a change in coverage. We believe that basic contract law would require that if a company receives a request for a change in benefits from an insured, then it must provide a document (rider, endorsement, application or schedule of benefits that has been filed and approved by Bureau) back to the insured with the following:

-Date of document or indication of effective date of change in policy benefits;

-Some indication in writing in the document that a change is being made to the policy, and this new document is to be made a part of the contract.

Otherwise, the change would not be documented and the terms of the contract legally revised, and the coverage would be inconsistent with that stated in the original application attached to the policy. Although we will certainly be glad to discuss other alternatives and review any legal analysis to the contrary, the company is expected to make any policy changes as indicated above.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response - 7-6-2016
Comments:	
Attachment(s):	VA - Letter of Response addressing Dept issues of 8-14-2015 - 7-6-2016.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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: 800-732-0416 or 215-658-6281

Fax: 888-294-6332

E-Mail: raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/10/2015
Submitted Date	02/10/2015

Dear Bobby Toone,

Introduction:

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

Response 1

Comments:

Please be advised that this form is intended to replace form GRP 113725, previously approved by the Department on April 2, 2007 - SERFF Filing SERT-6Q6JFL985.

In view of the above, we have changed the Form Action Field on the Forms Schedule Tab from "initial" to "revised."

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

Related Objection 1

Applies To:

- Personal Worksheet, GRP 115118 (Form)

Comments: The Filing Description refers to the personal worksheet as an updated version. Is the form intended to replace a previous approved form? If so, the Form Action on the Form Schedule should be revised.

Changed Items:

No Supporting Documents changed.

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personal Worksheet	GRP 115124	OTH	Revised	Previous Filing Number: SERT-6Q6JFL985 Replaced Form Number: GRP 113725	61.500	GRP 115124 - VA - Personal Worksheet - 2-2015 - File Copy.pdf	Date Submitted: 02/10/2015 By: Raenonna Prince
<i>Previous Version</i>								
1	Personal Worksheet	GRP 115118	OTH	Initial		61.500	GRP 115118 - Personal Worksheet.pdf	Date Submitted: 09/04/2014 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 2**Comments:**

Please be advised that we have revised the Personal Worksheet by including the full company name, "The Prudential Insurance Company of America" and added the parenthesis statement "(Prudential here after)" as suggested.

This information can be referenced on the Forms Schedule Tab of this filing.

Related Objection 2

Applies To:

- Personal Worksheet, GRP 115118 (Form)

Comments: We acknowledge that the full and proper corporate name appears prominently on the form; however, once stated, the company then refers to itself as only Prudential. The form requires a mechanism that advises that all other references to the corporate name will appear as Prudential. The presentation of the full and proper corporate name as The Prudential Insurance Company of America (Prudential here after) or words of similar import would resolve our concern.

Changed Items:

No Supporting Documents changed.

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personal Worksheet	GRP 115124	OTH	Revised	Previous Filing Number: SERT-6Q6JFL9 85 Replaced Form Number: GRP 113725	61.500	GRP 115124 - VA - Personal Worksheet - 2-2015 - File Copy.pdf	Date Submitted: 02/10/2015 By: Raenonna Prince
<i>Previous Version</i>								
1	Personal Worksheet	GRP 115118	OTH	Initial		61.500	GRP 115118 - Personal Worksheet.pdf	Date Submitted: 09/04/2014 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please be advised that we have corrected the page numbering of the Personal Worksheet.

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

Related Objection 3

Applies To:

- Personal Worksheet, GRP 115118 (Form)

Comments: The first page of the form is identified as Page 2. Please revise.

Changed Items:

No Supporting Documents changed.

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personal Worksheet	GRP 115124	OTH	Revised	Previous Filing Number: SERT-6Q6JFL985 Replaced Form Number: GRP 113725	61.500	GRP 115124 - VA - Personal Worksheet - 2-2015 - File Copy.pdf	Date Submitted: 02/10/2015 By: Raenonna Prince
<i>Previous Version</i>								
1	Personal Worksheet	GRP 115118	OTH	Initial		61.500	GRP 115118 - Personal Worksheet.pdf	Date Submitted: 09/04/2014 By: Raenonna Prince

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please be advised that we have corrected the formatting on page 2 of the Personal Worksheet.

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

Related Objection 4

Applies To:

- Personal Worksheet, GRP 115118 (Form)

Comments: As an observation, the answer options to the question How do you expect your income to change over the next ten years are immediately followed by the note If you will be paying premiums with money received. Is the section intended to appear in this manner or do you intend for the note to appear beneath the answer options?

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personal Worksheet	GRP 115124	OTH	Revised	Previous Filing Number: SERT-6Q6JFL985 Replaced Form Number: GRP 113725	61.500	GRP 115124 - VA - Personal Worksheet - 2-2015 - File Copy.pdf	Date Submitted: 02/10/2015 By: Raenonna Prince
<i>Previous Version</i>								
1	Personal Worksheet	GRP 115118	OTH	Initial		61.500	GRP 115118 - Personal Worksheet.pdf	Date Submitted: 09/04/2014 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: 800-732-0416 or 215-658-6281

Fax: 888-294-6332

E-Mail: raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/26/2015
Submitted Date	06/26/2015

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 additional response material, attached to the Supporting Documentation Tab of this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
Comments:	
Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
Comments:	
Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
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Comments:	
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Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf
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Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf
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Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Comments:	
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Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>
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Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
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Comments:	
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Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf
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Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
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Comments:	
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Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>
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State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
Comments:	
Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
Comments:	
Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix E - DOB - Large Group
Comments:	

State: Virginia Filing Company: The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Attachment(s):	VA - Appendix E - DOB - 9-2014.pdf VA - Appendix E - DOB - Large Group - 6-2015.xls
<i>Previous Version</i>	
Satisfied - Item:	Appendix E - DOB
Comments:	
Attachment(s):	VA - Appendix E - DOB - 9-2014.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
Comments:	
Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 1 - Mortality Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf

Previous Version

Satisfied - Item:	<i>Appendix C - Exhibit 3 - Morbidity Details</i>
Comments:	
Attachment(s):	<i>VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf</i>

Satisfied - Item:	Appendix E - DOB - Large Group
Comments:	

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Attachment(s):	VA - Appendix E - DOB - 9-2014.pdf VA - Appendix E - DOB - Large Group - 6-2015.xls
<i>Previous Version</i>	
Satisfied - Item:	<i>Appendix E - DOB</i>
Comments:	
Attachment(s):	<i>VA - Appendix E - DOB - 9-2014.pdf</i>

Satisfied - Item:	LTC Rate Summary Form
Comments:	
Attachment(s):	VA - LTC Rate Summary Request - 6-2015.pdf

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages - 6-2015.pdf,	06/26/2015 By: Raenonna Prince
<i>Previous Version</i>						
1	<i>Appendix F - Periodic Inflation Rate Pages</i>	<i>83500 GBT T 5005</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 GBT T 5005 - Periodic Inflation Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>

Conclusion:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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: 800-732-0416 or 215-658-6281

Fax: 888-294-6332

E-Mail: raenonna.prince@prudential.com

Sincerely,

Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date:

01/16/2019

Comments:

Mr. Toone:

As a follow up to our telephone call yesterday, January 15, 2019, we have revised the Rate Schedule Pages to include the terms "Year 1" and "Year 2", where applicable.

We trust these revisions satisfy 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

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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 - Base Policy Rate Pages (Post RS)	83500 BFW 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA Post RS).pdf,	01/16/2019 By:
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages (Post RS)</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA post-stability).pdf,</i>	<i>04/25/2018 By: Raenonna Prince</i>
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages (Post RS)</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA post-stability).pdf,</i>	<i>12/01/2017 By:</i>
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA).pdf,</i>	<i>08/23/2017 By:</i>
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 BFW 5013 - Base Policy Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number:	Appendix F - 83500 GBT T 5010 - Periodic	01/16/2019 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

	(Post RS)			007-0000016323 Percent Rate Change Request: 40	Infl Rate Pgs (VA Post RS).pdf,	
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages (Post RS)	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages (Post RS)	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages - 6-2015.pdf,	06/26/2015 By: Raenonna Prince
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5005	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 GBT T 5005 - Periodic Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
3	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323	Appendix F - 83500 LTC T 5011 - Automatic Compound	01/16/2019 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				Percent Rate Change Request: 40	Inflation Rate Pages (VA Post RS).pdf,	
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Comp Inflation Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Compound Infl with Cap Rate Pages (VA Post RS).pdf,	01/16/2019 By:
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Infl w Cap Rate Pages (VA Post-	01/11/2019 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				Request: 40	RS).pdf,	
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Infl with Cap Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Inflation with Cap Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
5	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Auto Simple Infl Rate Pages (VA Post RS).pdf,	01/16/2019 By:
<i>Previous Version</i>						
5	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Auto Simple Infl Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

Rate/Rule Schedule Item Changes						
				40		
<i>Previous Version</i>						
5	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Auto Simple Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
5	Appendix F - Automatic Simple Inflation Rate Pages	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
5	Appendix F - Automatic Simple Inflation Rate Pages	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince

No Supporting Documents Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date: 01/11/2019

Comments:

Mr. Toone:

As a follow up to our telephone conversation this morning, please find attached to the Rate Schedule Tab of this filing, the revised copy of Rate Schedule Page 83500 LTC T 5012.

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

We trust this matter 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

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

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 - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Infl w Cap Rate Pages (VA Post-RS).pdf,	01/11/2019 By:
<i>Previous Version</i>						
1	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Infl with Cap Rate Pages (VA post-stability).pdf,	04/25/2018 By: Raenonna Prince
<i>Previous Version</i>						
1	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Inflation with Cap Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
1	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
1	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince

No Supporting Documents Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date:

10/01/2018

Comments:

Mr. Smith:

As a follow-up to our conference call on September 25, 2018, we enclose for your review, revised copies of the Policyholder Advanced Notification Letter, the Endorsement, Frequently Asked Questions Disclosure Form, Change Request Form and Manual of Variable Language.

Although the Endorsement and Policyholder Advanced Notification Letter were the only documents discussed during our meeting, we elected to update the other forms in terms of bracketing the toll-free number, updating the company address in the header where applicable and increased the font size to 12 point.

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

Changed Items:

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement	GRP 115125	POLA	Initial			GRP 115125 - VA - Endorsement - 9-2018.pdf	Date Submitted: 10/01/2018 By:
<i>Previous Version</i>								
1	Endorsement	GRP 115125	POLA	Initial			GRP 115125 - VA - Endorsement - 8-2015.pdf	Date Submitted: 09/04/2015 By:
2	Frequently Asked Questions Disclosure Form	GRP 115279	OTH	Initial		40.300	GRP 115279 - VA - Frequently Asked Questions Disclosure Form (File Copy) - 9-2018.pdf	Date Submitted: 10/01/2018 By:
<i>Previous Version</i>								
2	Frequently Asked Questions Disclosure Form	GRP 115279	OTH	Initial		40.300	GRP 115279 - VA - Frequently Asked Questions Disclosure Form (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - 9-2018 - File Copy.pdf	Date Submitted: 10/01/2018 By:
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf	Date Submitted: 08/10/2018 By: Raenonna Prince
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter	Date Submitted: 01/05/2018 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
							(File Copy) - 1-4-2018.pdf	
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 11-17-2017.pdf	Date Submitted: 11/17/2017 By: Raenonna Prince
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf	Date Submitted: 03/09/2017 By: Raenonna Prince
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
<i>Previous Version</i>								
3	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 By: Raenonna Prince

No Rate Schedule Items Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	Relocated to the Forms Schedule Tab as form GRP 115279.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form File Copy - 6-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form - 3-2017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form -12-2016.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Frequently Asked Questions Relating to Premium Increase Disclosure Form</i>
Comments:	
Attachment(s):	<i>VA - Frequently Asked Questions Relating to Premium Increase Disclosure Form (File Copy).pdf</i>

Satisfied - Item:	Change Request Form
Comments:	
Attachment(s):	VA - Change Request Form - 9-2018 - File Copy.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Change Request Form</i>
Comments:	
Attachment(s):	<i>VA - Change Request Form (File Copy) - 1-2018.pdf</i>

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language - 9-2018.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

*Previous Version***Satisfied - Item:***Manual of Variable Language***Comments:****Attachment(s):***Manual of Variable Language (File Copy) - 8-2017.pdf
GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf**Previous Version***Satisfied - Item:***Manual of Variable Language***Comments:****Attachment(s):***VA - Manual of Variable Language File Copy - 6-2017.pdf**Previous Version***Satisfied - Item:***Manual of Variable Language***Comments:****Attachment(s):***VA - Manual of Variable Language (File Copy) - 3-2017.pdf**Previous Version***Satisfied - Item:***Manual of Variable Language***Comments:****Attachment(s):***VA - Manual of Variable Language - 12-16-2016.pdf*

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date: 09/13/2018

Comments:

Mr. Toone:

At the Department's request we have updated the SERFF Rate Data fields as requested to include the Pre Rate Stabilization policyholder figures. Additionally, a copy of the revised Advanced Notification Letter has been attached to the Supporting Documentation Tab of this filing. (Please note, a copy of this letter was shared with Mr. Smith via email on August 10, 2018.)

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

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases
Comments:	
Attachment(s):	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases</i>
Comments:	
Attachment(s):	<i>GRP 115128 - VA Policyholder Advance Notification Letter (2nd yr) File Copy - 6-2017.pdf GRP 115128 - VA Policyholder Advance Notification Letter (3rd yr) File Copy - 6-2017.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date: 01/05/2018

Comments:

Ms. Houser:

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

At the Department's direction we have revised the Non-Forfeiture Benefit section of the Policyholder Notification Letter.

Additionally, please be advised that the Change Request Form does not become part of the policy once completed. In view of this, we have removed the form number from this form and relocated it to the Supporting Documentation Tab of this filing. We have also removed the Readability Certification form associated with this form as it is no longer required to be included on the Forms Schedule Tab of this filing.

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

Changed Items:

State: Virginia
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Change Request Form	GRP 115128A	OTH	Initial		44.400		Date Submitted: 01/05/2018 By:
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial		44.400	GRP 115128A - VA Change Request Form (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 12-16-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
1	Change Request Form	GRP 115128A	OTH	Initial			GRP 115128A - VA Change Request Form (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 1-4-2018.pdf	Date Submitted: 01/05/2018 By:
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter	Date Submitted: 11/17/2017 By: Raenonna Prince

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
							- File Copy - 11-17-2017.pdf	
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-2017.pdf	Date Submitted: 08/07/2017 By: Raenonna Prince
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter File Copy - 6-2017.pdf	Date Submitted: 06/12/2017 By: Raenonna Prince
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 3-2017.pdf	Date Submitted: 03/09/2017 By: Raenonna Prince
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 12-2016.pdf	Date Submitted: 12/16/2016 By: Raenonna Prince
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample (File Copy) - 10-2016.pdf	Date Submitted: 11/10/2016 By: Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
<i>Previous Version</i>								
2	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial			GRP 115128 - VA Policyholder Advance Notification Letter Sample 7-2016.pdf	Date Submitted: 07/19/2016 By: Raenonna Prince

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128A).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf
Satisfied - Item:	Change Request Form
Comments:	
Attachment(s):	VA - Change Request Form (File Copy) - 1-2018.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date:

12/01/2017

Comments:

Ms. Houser:

As a follow up to your inquiry of November 20, 2017, please refer to the letter of response and revised material from our Actuary, Ms. Ritu Jain. The information can be referenced on the Rate Schedule and Supporting Documentation Tabs of this filing.

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

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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 - Base Policy Rate Pages (Post RS)	83500 BFW 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA).pdf,</i>	<i>08/23/2017 By:</i>
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 BFW 5013 - Base Policy Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
2	Appendix F - Periodic Inflation Rate Pages (Post RS)	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
2	<i>Appendix F - Periodic Inflation Rate Pages</i>	<i>83500 GBT T 5010</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA).pdf,</i>	<i>08/23/2017 By:</i>
<i>Previous Version</i>						
2	<i>Appendix F - Periodic Inflation Rate Pages</i>	<i>83500 GBT T 5010</i>	<i>Revised</i>	<i>Previous State Filing Number:</i>	<i>VA - Appendix F - 83500 GBT T 5010 -</i>	<i>06/26/2015 By: Raenonna Prince</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				007-0000016323 Percent Rate Change Request: 40	Periodic Inflation Rate Pages - 6-2015.pdf,	
<i>Previous Version</i>						
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5005	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 GBT T 5005 - Periodic Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
3	Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
4	Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Comp Inflation with Cap Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change	Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate	08/23/2017 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				Request: 40	Pages (VA).pdf,	
<i>Previous Version</i>						
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince
5	Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Auto Simple Inflation Rate Pages (VA post-stability).pdf,	12/01/2017 By:
<i>Previous Version</i>						
5	Appendix F - Automatic Simple Inflation Rate Pages	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
5	Appendix F - Automatic Simple Inflation Rate Pages	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	VA - Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages - 9-2014.pdf,	09/04/2014 By: Raenonna Prince

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 12-1-2017
Comments:	
Attachment(s):	VA - Letter of Response - 12-1-2017.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf Act Memo - Revised Rates GLTC3 (VA post-stability) rev 11.22.2017.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf VA GLTC3 Pre RS Appendices.pdf VA GLTC3 Post RS Appendices.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Act Memo - Revised Rates GLTC3 (VA) v2.pdf VA Appendices - GLTC3 v2.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 6-2015.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA - Actuarial Memorandum - Revised Rates - 9-2014.pdf VA - Appendices - GLTC-3 - 9-2014.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date:

08/23/2017

Comments:

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

Please refer to the revised Rate Schedule Pages (Appendix F), forms 83500 BFW 5013, 83500 GBT T 5010 Periodic Inflation, 83500 LTC T 5011 Automatic Compound Inflation, 83500 LTC T 5012 Automatic Compound Inflation with Cap, 83500 5013 Automatic Simple Inflation, attached to the Rate Schedule Tab of this filing.

In addition to the above, we have provided updated Rate Summary Forms supporting the first and second phase of the rate increase percentages.

We trust this information satisfies the Department's concerns. Please do not hesitate to contact me with any additional questions. Thank you. -Rae

Raenonna L. Prince, CLTC, LTCP

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

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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 - Base Policy Rate Pages	83500 BFW 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
1	<i>Appendix F - Base Policy Rate Pages</i>	<i>83500 BFW 5013</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 BFW 5013 - Base Policy Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
2	Appendix F - Periodic Inflation Rate Pages	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
2	<i>Appendix F - Periodic Inflation Rate Pages</i>	<i>83500 GBT T 5010</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 GBT T 5010 - Periodic Inflation Rate Pages - 6-2015.pdf,</i>	<i>06/26/2015 By: Raenonna Prince</i>
<i>Previous Version</i>						
2	<i>Appendix F - Periodic Inflation Rate Pages</i>	<i>83500 GBT T 5005</i>	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 GBT T 5005 - Periodic Inflation Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
3	Appendix F - Automatic Compound Inflation Rate Pages	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages	08/23/2017 By:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate/Rule Schedule Item Changes

				Request: 40	(VA).pdf,	
<i>Previous Version</i>						
3	<i>Appendix F - Automatic Compound Inflation Rate Pages</i>	83500 LTC T 5011	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
4	Appendix F - Automatic Compound Inflation With Cap rate Pages	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
4	<i>Appendix F - Automatic Compound Inflation With Cap rate Pages</i>	83500 LTC T 5012	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 LTC T 5012 - Automatic Compound Inflation with Cap Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>
5	Appendix F - Automatic Simple Inflation Rate Pages	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages (VA).pdf,	08/23/2017 By:
<i>Previous Version</i>						
5	<i>Appendix F - Automatic Simple Inflation Rate Pages</i>	83500 LTC T 5013	<i>Revised</i>	<i>Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40</i>	<i>VA - Appendix F - 83500 LTC T 5013 - Automatic Simple Inflation Rate Pages - 9-2014.pdf,</i>	<i>09/04/2014 By: Raenonna Prince</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Supporting Document Schedule Item Changes

Satisfied - Item:	Letter of Response - 8-23-2017
Comments:	
Attachment(s):	VA - Letter of Response - 8-23-2017.pdf
Satisfied - Item:	LTC Rate Summary Form; 1st and 2nd phase
Comments:	
Attachment(s):	VA - LTC Rate Summary Request (Phase 1) - 8-23-2017f.pdf VA - LTC Rate Summary Request (Phase 2) - 8-23-2017f.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request - 11-9-2016.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>VA - LTC Rate Summary Request - 6-2015.pdf</i>

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date:

10/29/2015

Comments:

As a follow-up to both your telephone call and Note to Filer dated October 29, 2015, copies of the Department's letter of objection dated April 5, 2002 and letter of Approval dated May 8, 2002, have been attached to the Supporting Documentation Tab of this filing.

These letters have been included to help explain the Department's position on the use of the Confirmation Notice, Form GRP 99922.

Form GRP 99922, was included with the original filing material (January 25, 2001), for review and approval by the Department. By means of the Department's letter of objection dated April 5, 2002, we were instructed to remove this form from the filing material. We assume the reasoning behind this is that the Confirmation Notice served more of an administrative purpose than that of product.

On April 17, 2002, we responded back to the Department requesting that Form GRP 99922 (Confirmation Notice), be formally withdrawn and given no further consideration. The Department approved the filing on May 8, 2002.

We apologize for the confusion our response letter of September 11, 2015 may have caused and thank the Department for bringing this matter to our attention.

Should you be in need of any additional information, or wish to discuss the matter further, please feel free 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: 800-732-0416 or 215-658-6281

Fax: 888-294-6332

E-Mail: raenonna.prince@prudential.com

Changed Items:

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:

Confirmation Notice (GRP 99922) Correspondence

Comments:

Attachment(s):

VA - Letter of Objection - 4-5-2002.pdf
VA - Letter of Approval - 5-8-2002.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date: 09/11/2015

Comments:

Ms. Houser:

As requested, I have attached a copy of the Confirmation Statement (GRP 99922), that will be used in conjunction with the Endorsement Form. The Confirmation Statement can be referenced on the Supporting Documentation Tab of this filing.

As mentioned, the Confirmation Statement was previously reviewed and approved by the Department on May 2, 2002.

I hope this information is helpful. Please let me know if you are in need of any additional information. 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: 800-732-0416 or 215-658-6281

Fax: 888-294-6332

E-Mail: raenonna.prince@prudential.com

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	GRP 99922 - Confirmation Statement
Comments:	This form was previously reviewed and approved by the Department on May 8, 2002.
Attachment(s):	GRP 99922 - GLTC-3 Confirmation Form (Sample Copy).pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Amendment Letter

Submitted Date: 09/04/2015

Comments:

Ms. Houser:

To address issue number 26 in our letter of response dated June 24, 2015, we enclose for your review the state required Endorsement, Form GRP 115125. This form can be referenced on the Forms Schedule Tab of this filing.

We trust this document 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: 800-732-0416 or 215-658-6281
Fax: 888-294-6332
E-Mail: raenonna.prince@prudential.com
Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Endorsement	GRP 115125	POLA	Initial			GRP 115125 - VA - Endorsement - 8-2015.pdf	Date Submitted: 09/04/2015 By:

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 11/30/2018 09:58 AM

Last Edited By:

Raenonna Prince

Submitted On:

11/30/2018 09:58 AM

Subject:

Re: Status

Comments:

Ms. Andy:

Pease be advised that we are working on the response material associated with this filing. I was on vacation last week and am working to catch up on my filings.

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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2101 Welsh Road, LTC Unit
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E-Mail: Raenonna.prince@ prudential.com

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Greg Smith on 10/03/2018 02:00 PM

Last Edited By:

Greg Smith

Submitted On:

10/03/2018 02:01 PM

Subject:

Forms drafts

Comments:

Thank you for the drafts as we discussed in our meeting. They are under review and I expect to give you a response next week. At your service, Greg Smith

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 09/20/2018 04:28 PM

Last Edited By:

Raenonna Prince

Submitted On:

09/20/2018 04:30 PM

Subject:

Re: Filing Status Update

Comments:

Mr. Smith:

On behalf of Mr. Burns, I am reaching out to you to obtain status on the above referenced filing. Mr. Burns shared that your objective was to try and respond within 48 hours of receiving our response to the Department's last letter of objection dated 9/13/2018. We responded to the Department on 9/14/2018, and we would like to know if the Department is satisfied with the response provided, or if you are in need of any additional information.

Thank you for your assistance with this matter and we await your reply. -Rae

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Dresher, PA 19044
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E-Mail: Raenonna.prince@ prudential.com

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Bobby Toone on 09/12/2018 02:30 PM

Last Edited By:

Bobby Toone

Submitted On:

09/12/2018 02:30 PM

Subject:

Objection Updates?

Comments:

Would it be possible to get an update on the objection responses to the objection dated 7/10/2018?
- in particular - revisions to the Rate/Rule Schedule and to the Policyholder Letter

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 07/09/2018 07:31 PM

Last Edited By:

Raenonna Prince

Submitted On:

07/09/2018 07:31 PM

Subject:

Re:

Comments:

Mr. Smith:

Thank you for your status notice. Mr. Burns is currently out of the office and will be returning Wednesday, July 11, 2018. He will no doubt make arrangements to contact you upon his return.

Thank you again for your status update. Please do not hesitate to contact me if you are in need of any additional information.

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: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Greg Smith on 07/09/2018 02:43 PM

Last Edited By:

Greg Smith

Submitted On:

07/09/2018 02:43 PM

Subject:

Objection clarifications

Comments:

Ms. Prince,

Greg Smith here. Would appreciate a phone call at your convenience to discuss a few objections before sending. I think it will expedite the approval process.

Thanks!

Greg Smith
Principal Insurance Market Examiner
804.371.9348

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 12/28/2017 01:51 PM

Last Edited By:

Janet Houser

Submitted On:

12/28/2017 01:51 PM

Subject:

Revisions

Comments:

Thank you for revising the policyholder letter as requested in regards to the Contingent Benefit Upon Lapse benefit. We should have clarified this objection also applied to the Nonforfeiture Benefit Option and such language should be revised accordingly.

Also, please advise if the Change Request Form GRP 115128A is attached and becomes a part of the policy. If not, the form should be moved to supporting documentation.

We apologize for any inconvenience or confusion this may have caused.

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 11/20/2017 01:57 PM

Last Edited By:

Janet Houser

Submitted On:

11/20/2017 01:57 PM

Subject:

Follow up to 10/19/2017 Note to Filer

Comments:

We are still waiting for a response to our Note to Filer dated 10/19/17. Please advise.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 11/06/2017 06:59 AM

Last Edited By:

Janet Houser

Submitted On:

11/06/2017 06:59 AM

Subject:

11/6/17 objection letter

Comments:

I apologize that I did not clearly indicate in my letter that this objection applies to the Policyholder Advance Notification Letter.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 10/19/2017 12:12 PM

Last Edited By:

Janet Houser

Submitted On:

10/19/2017 12:12 PM

Subject:

Revised Filing

Comments:

It is our understanding after our phone conversation with Mr. Burns on 10/11/2017, the filing will be revised to withdraw a request for a rate increase on the pre-stability block and only pursue an increase on the post stability block. We look forward to receiving the revised data and changes in the SERFF filing in the near future.

Thanks.

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 08/24/2017 07:41 AM

Last Edited By:

Janet Houser

Submitted On:

08/24/2017 07:41 AM

Subject:

Current Rates

Comments:

Through an oversight on my part, I should have indicated in my previous note to have a copy of the current rates attached to Supporting Documentation.

Thanks.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 08/14/2017 08:31 AM

Last Edited By:

Janet Houser

Submitted On:

08/14/2017 08:31 AM

Subject:

Implementation Schedule

Comments:

Once the Company has responded to our note to filer dated 7/14/17 and our objection letter dated 7/17/17, we should be able to complete our review., If the increase is approved in full does the Company intend to implement this increase as a single increase or as a series of increases? If so, please advise what the rate increase will be for each period. Would it be simple or compounded increases? The Rate/Rule Schedule and Rate Request Summary would need to be amended accordingly.

Thanks.

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 07/14/2017 02:34 PM

Last Edited By:

Janet Houser

Submitted On:

07/14/2017 02:34 PM

Subject:

Loss Ratios

Comments:

If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 10/29/2015 06:11 AM

Last Edited By:

Janet Houser

Submitted On:

10/29/2015 06:11 AM

Subject:

10.29.15 phone message

Comments:

This is to confirm the phone message left today. Please provide a signed approved copy, the state tracking number or other written documentation indicating the Confirmation Statement (GRP 99922) was approved in May 2002.

Thank you for your help in the matter. If you have any questions or concerns, please feel free to contact me at 804-371-9390.

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 09/08/2015 01:15 PM

Last Edited By:

Janet Houser

Submitted On:

09/08/2015 01:15 PM

Subject:

9..8.15 phone call

Comments:

Please provide a copy of the Confirmation Statement that is referenced in the Endorsement Form GRP 115125. Please advise under what SERFF tracking number and approval date this was previously approved.

Thank you.

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 05/28/2015 01:00 PM

Last Edited By:

Raenonna Prince

Submitted On:

05/28/2015 01:07 PM

Subject:

Re: Status Of Meeting

Comments:

Ms. Houser:

Please be advised that we have reached out to our Legal Department to determine their availability to participate in the meeting to discuss the requested Endorsement.

I will follow up with the available dates once I hear back from our Legal Department. 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: 800-732-0416 or 215-658-6281
Fax: 888-294-6332
E-Mail: raenonna.prince@prudential.com

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 05/21/2015 01:07 PM

Last Edited By:

Janet Houser

Submitted On:

05/21/2015 01:08 PM

Subject:

Endorsements

Comments:

We apologize for our delay in responding to your previous note. We would like to arrange a conference call with someone from your legal department and any other interested individuals in discussing our concerns. Please provide us with available times and dates over the next several weeks that would be convenient for the company to meet with us.

I look forward to hearing from you soon.

Thank you.

Janet Houser
804-371-9390

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 05/21/2015 09:12 AM

Last Edited By:

Raenonna Prince

Submitted On:

05/21/2015 09:20 AM

Subject:

Re: Endorsement Request

Comments:

Ms. Houser

We are following up with you concerning the Department's request to create an Endorsement (Issue #3 of the "Note to Filer" dated 3/31/2015).

Our Legal Department has researched this issue and can find no statutory or regulatory requirement within the Virginia Bureau that an endorsement be used anytime a policyholder makes a change in coverage.

In view of this, Prudential has decided to continue with its current process in that when changes are made in coverage, whether as a result of a rerate or any other client initiated reason, a new schedule of benefits will be generated to reflect these changes and when necessary, new policy documents will be issued.

If the Department still disagrees with our decision, we ask that you please provide the new regulatory requirements concerning this matter. 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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Dresher, PA 19025
Voice: 800-732-0416 or 215-658-6281
Fax: 888-294-6332
E-Mail: raenonna.prince@prudential.com

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 05/11/2015 07:58 AM

Last Edited By:

Raenonna Prince

Submitted On:

05/11/2015 07:58 AM

Subject:

Re: Request for Additional Information

Comments:

Ms. Houser:

Concerning the Department's request to create an Endorsement to be attached to in-force policies when there is a change in coverage; our Compliance Department has asked if the Department could please provide the new regulation or state bulletin outlining these new requirements. Would it be possible for you to provide this information?

Your assistance with this matter would be greatly appreciated. Thank you. -Rae

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2101 Welsh Road, LTC Unit
Dresher, PA 19025
Voice: 800-732-0416 or 215-658-6281
Fax: 888-294-6332
E-Mail: raenonna.prince@prudential.com

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 04/08/2015 09:40 AM

Last Edited By:

Janet Houser

Submitted On:

04/08/2015 09:40 AM

Subject:

Endorsements

Comments:

You are correct and the endorsements would apply to the certificates and not the master policy. I apologize for this confusion and appreciate your bringing this to my attention.

If you have any other questions or concerns, please feel free to contact me at 804-371-9390.

Janet Houser

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Reviewer

Created By:

Raenonna Prince on 04/07/2015 02:39 PM

Last Edited By:

Raenonna Prince

Submitted On:

04/07/2015 02:51 PM

Subject:

Re: Acknowledgement of Note to Filer and additional objection issues

Comments:

Ms. Houser:

Our Actuarial Team would like to acknowledge the Department's Note to Filer dated March 31, 2015. The additional issues raised in the notice will be added to our response material addressing the Department's original letter of objection dated September 17, 2014.

In addition to the above, we would like to obtain clarification regarding the Endorsement request. The Department commented "The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page." While we understand the requirements surrounding the need to create an Endorsement, we would like clarification on whether this Endorsement is intended to be attached to the Certificates issued under the terms of the Contract to the policyholder's employees/associates, or if it is intended to be attached to the actual Contract associated with Prudential and the Policyholder? We believe the intention is to be attached to the Certificates, but would like for the Department to confirm.

Your assistance with this matter would be greatly appreciated. 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 19025
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State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Note To Filer

Created By:

Janet Houser on 03/31/2015 02:11 PM

Last Edited By:

Janet Houser

Submitted On:

03/31/2015 02:12 PM

Subject:

Follow up

Comments:

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Our records indicate we have not received a reply to our September 17, 2014 objection letter. Although we have not received a response, we wanted to notify you that additional requirements will be needed as follows:

1. The attached Rate Summary should be completed describing in plain, consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving a need for an increase.

2. Additional information will be needed in regards to the NAIC Bulletin that was sent with our previous objection letter as noted below:

a) If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement a future rate increase for three years from the date of implementation?

b) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

c) The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

1) For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and
2) Without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

d) The policyholder letter will clearly disclose the following:

- 1) the amount of the premium rate requested and implementation schedule
- 2) available benefit reduction/rate increase mitigation actions
- 3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases
- 4) offer of contingent benefit upon lapse

In addition, policyholder letters should provide an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase. Any reference to laws and regulations of the state should be expanded to state the State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

3. The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page. If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms. If the company chooses to include variability in the form, please provide a statement of variability. A

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

For clarification purposes, the company may include a revised Schedule of Benefits page in addition to the endorsement if the company so chooses.

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

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
<input type="text"/>	<input type="text"/>

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.

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Reviewer Note

Created By:

Bobby Toone on 10/15/2018 03:13 PM

Last Edited By:

Bobby Toone

Submitted On:

04/11/2019 02:27 PM

Subject:

RRS

Comments:

RRS1

RRS2

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

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

83500 BFW 5013 83500 GBT T 5010 83500 LTC T 5011 83500 LTC T 5012 83500 LTC T 5013	GLTC-3 Periodic Inflation Automatic Compound Inflation Automatic Compound Inflation With Cap Automatic Simple Inflation
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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.

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 this, we are requesting a total rate increase of 40% for the series of forms 83500 BFW 5013, et al in the state of Virginia. The first increase will be 18.3% followed by a second increase of 18.3% one year later. This same increase is also being requested nationwide on comparable forms. It impacts a broad group of long term care insurance customers and is not based on any individual's personal factors, such as health status or claim history.

Prudential determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates.

After conducting an extensive review of our actual experience concerning each of these factors, Prudential determined that a premium increase is needed to help ensure that future premiums, in combination with existing reserves, will be adequate to fund anticipated claims.

The Prudential Insurance Company of America (the Company) requested a 40% increase on this block of group long-term care insurance forms, to be implemented in two increases a year apart of 18.3% each. As the forms were issued in Virginia from 2002 through 2012, the experience was reviewed based on the rules in effect at the time of issue. For policies issued prior to October 1, 2003, they were reviewed according to the requirements of 14VAC5-200-150 (pre-rate stability) and for those issued on or after October 1, 2003, they were reviewed according to the requirements of 14VAC5-200-153 (post rate stability block).

The Bureau of Insurance's (the Bureau) consulting actuary reviewed the filing and indicated that the rate increase will result in future and lifetime loss ratios in excess of the original target for the post rate stability block but not for the pre-rate stability block. Therefore, the company was advised that the Bureau would approve the rate increase for the post rate stability block but not the pre-rate stability block and the Company modified by the filing accordingly.

This increase will impact approximately 3900 insureds in Virginia and the Company advised that they do not intend to increase rates further on this block unless the actual experience is worse than projected.

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 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 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 or can be discussed 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>.

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Post Submission Update Request Processed On 09/13/2018

Status: Allowed
 Created By: Raenonna Prince
 Processed By: Bobby Toone
 Comments: Allowed

General Information:

Field Name	Requested Change	Prior Value
Market Type	Group	Group
Group Market Type	Association Employer	Employer Association

Company Rate Information:

Company Name: The Prudential Insurance Company of America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	39.800%	40.000%
Overall % Rate Impact	39.800%	40.000%
Written Premium Change for this Program	\$1794536	\$1637376
Number of Policy Holders Affected for this Program	3926	4800
Written Premium for this Program	\$4508579	\$4093440
Minimum %Change (where required)	0.000%	40.000%

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Post Submission Update Request Processed On 06/29/2018

Status: Disallowed
 Created By: Raenonna Prince
 Processed By: Bob Grissom
 Comments: This should be consistent with the entire policy and not just the post rate stability block. For example, the minimum rate increase should be 0% since the pre rate stability policyholders will not receive a rate increase.

General Information:

Field Name	Requested Change	Prior Value
Market Type	Group	Group
Group Market Type	Association Employer	Employer Association

Company Rate Information:

Company Name: The Prudential Insurance Company of America

Field Name	Requested Change	Prior Value
Written Premium Change for this Program	\$1794536	\$1637376
Number of Policy Holders Affected for this Program	3913	4800
Written Premium for this Program	\$4486339	\$4093440

State: Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Form Schedule

Lead Form Number: GRP 115118

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments				
1	Approved 06/05/2019	Personal Worksheet	GRP 115124	OTH	Revised	<table border="1"> <tr> <td>Previous Filing Number:</td> <td>SERT-6Q6JFL985</td> </tr> <tr> <td>Replaced Form Number:</td> <td>GRP 113725</td> </tr> </table>	Previous Filing Number:	SERT-6Q6JFL985	Replaced Form Number:	GRP 113725	61.500	GRP 115124 - VA - Personal Worksheet - 2-2015 - File Copy.pdf
Previous Filing Number:	SERT-6Q6JFL985											
Replaced Form Number:	GRP 113725											
2	Approved 06/05/2019	Endorsement	GRP 115125	POLA	Initial			GRP 115125 - VA - Endorsement - 9-2018.pdf				
3	Filed 06/05/2019	Policyholder Advance Notification Letter	GRP 115128	OTH	Initial		41.800	GRP 115128 - VA Policyholder Advance Notification Letter - File Copy - 2-2019.pdf				
4	Approved 06/05/2019	Change Request Form	GRP 115128A	OTH	Initial		44.400					
5	Filed 06/05/2019	Frequently Asked Questions Disclosure Form	GRP 115279	OTH	Initial		40.300	GRP 115279 - VA - Frequently Asked Questions Disclosure Form (File Copy) - 9-2018.pdf				
6	Approved 06/05/2019	Confirmation Statement	GRP 99922	OTH	Initial		45.500	GRP 99922 - Confirmation Statement.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

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

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



The Prudential Insurance Company of America
 Long-Term Care Customer Service Center
 P.O. Box 8526
 Philadelphia, PA 19176
 Tel 800 732-0416

Long-Term Care Insurance Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But, long-term care insurance may be expensive and may not be right for everyone.

By state law, The Prudential Insurance Company of America, (Prudential here after), must fill out part of the information on this worksheet and ask you to fill out the rest to help you and Prudential decide if you should buy this insurance.

Premium Information

Policy Form Number(s) _____

The premium for the coverage you are considering will be \$_____ per year.

Type of Policy (noncancellable/guaranteed renewable): Guaranteed renewable

The Company's Right to Increase Premiums: The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History

Prudential has sold long-term care insurance since 1986 and has sold this policy form since 2002. Prudential has raised its premium rates on a similar long-term care insurance policy in the last 10 years. The following is a summary of the rate increase.

Policy Form	Years Available for Purchase	Rate History
83500 BFW 5005, et al*	2002 – 2012	0 - 40%* rate increase in 2015

*Varies by state.

Questions Related To Your Income

How will you pay each year's premium? (check one)

From my Income From my Savings/Investments My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums were raised, for example, by 20%?

What is your annual income? (check one)

- Under \$10,000 \$10,000-20,000 \$20,000-30,000
 \$30,000-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

- No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

- From my Income From my Savings/Investments My Family will Pay

The average annual cost for a private room in a nursing home in [2013] was [\$101,470]. The average annual cost for a one-bedroom assisted living facility in [2013] was [\$50,136]. These figures vary across the country.¹

In ten years, the average annual cost for a private room in a nursing home would be about [\$165,284] if costs increase 5% annually.¹

What elimination period are you considering? Number of days _____

Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the elimination period? (check one)

- From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

- Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

- Stay about the same Increase Decrease

If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

1. The statistical information is taken from the Univita Living Cost of Care Study.



The Prudential Insurance Company of
America
Long-Term Care Customer Service Center
P.O. Box 8526
Philadelphia, PA 19176
Tel 800 732-0416

DISCLOSURE STATEMENT

If you are an active employee or the spouse of an active employee, no further action is required. If you are not an active employee or spouse, this must be completed and signed and returned to Prudential in order for us to process your enrollment form.

Check one.

The answers to the questions above describe my financial situation.

or

I choose not to complete this information.

Please check the box.

I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this coverage may increase in the future.** (This box must be checked).

Signed: _____

(Applicant)

(Date)

Note: In order for us to process your enrollment form, please return this signed statement to Prudential along with your enrollment form.

However, if you are an active employee or the employee's spouse, you do not need to return this Personal Worksheet in order for Prudential to process your enrollment form.

Prudential may contact you to verify your answers.



The Prudential Insurance Company of America
As Administered by CHCS
Long-Term Care Customer Service Center
P.O. Box 8526
Philadelphia, PA 19176-8526
Tel: [1-800-732-0416] Fax: [1-877-773-9515]

[MM/DD/YYYY]

Long-Term Care Insurance
Re: [John Doe]
Certificate Number: [XXXXXXXX]
Group Contract Number: [XXXXXX]

IMPORTANT ENDORSEMENT

PLEASE KEEP THIS ENDORSEMENT WITH YOUR CERTIFICATE OF INSURANCE

This Endorsement provides updated information concerning your Schedule of Benefits and Plan Options you have selected for your Long-Term Care Insurance coverage with The Prudential Insurance Company of America.

An updated Confirmation Statement is included with this Endorsement.

This Confirmation Statement is issued to replace all previous Confirmation Statements issued for your Certificate of Insurance reflecting changes requested by you and is to be made a part of your Certificate of Insurance.

Please refer to the Confirmation Statement for updated information concerning the optional benefits currently in force. The optional benefits that never were or are no longer part of your coverage are valued with a "No" or "None."

Please make sure this information reflects your coverage change elections.

Please keep this Endorsement and updated Confirmation Statement with your Certificate of Insurance.

If you have any questions concerning this document or your long-term care insurance coverage, you may contact the Long-Term Care Customer Service Center at [1-800-732-0416]. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time.

All other terms and conditions of this Certificate of Insurance remain unchanged.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Margaret M. Joray
[

Secretary

The Prudential Insurance Company of America
As Administered by CHCS
Long-Term Care Customer Service Center
P.O. Box 8526
Philadelphia, PA, 19176-8526
Tel: [1-800-732-0416] Fax: [1-877-773-9515]

[DATE]

[FIRST NAME LAST NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE ZIP CODE]

Re: Long Term Care Insurance – **Notice of Premium Increase**
Certificate Number: [XXXXXXXXXXXX]

Dear [MR/MS LAST NAME]:

[We are writing to inform you that we are increasing the premium for the above-referenced long term care insurance coverage by [XX%]. We understand this premium increase impacts you financially, but we hope you will continue to appreciate the value of your long term care insurance coverage. The increase impacts a broad group of long term care insurance customers like you and is not based on any individual's personal factors, such as health status or claim history. We determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates. After conducting an extensive review of our actual experience concerning each of these factors, we determined that a premium increase is necessary to continue to provide the quality insurance coverage you have come to expect. The new [monthly, quarterly, semiannual, annual] premium payment will change from [\$XXXX.XX] to [\$XXXX.XX]. This increase will take effect on [MM/DD/YYYY].¹

[IF STATE APPROVED INCREASES OVER MULTIPLE YEARS:] [We are writing to inform you that we are increasing the premium for the above-referenced long term care insurance coverage by [XX%]. Your increase will be implemented in multiple stages. The initial premium increase for your plan is [XX%]. We understand this premium increase impacts you financially, but we hope you will continue to appreciate the value of your long term care insurance coverage. The increase impacts a broad group of long term care insurance customers like you and is not based on any individual's personal factors, such as health status or claim history. We determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates. After conducting an extensive review of our actual experience concerning each of these factors, we determined that a premium increase is necessary to continue to provide the quality insurance coverage you have come to expect.]

Your current premium is [\$xxx.xx], paid [monthly, quarterly, semiannually, annually]. This premium increase implemented as shown in the chart below. This chart reflects your premium [increase/increases] assumption changes are made to your policy¹.

[IF STATE APPROVES A SINGLE INCREASE:]

[Effective Date of Premium Increase]	Premium Increase Percentage	New [Monthly, Quarterly, Semi Annual, Annual] Premium
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]

[IF STATE APPROVED INCREASES OVER TWO YEARS:]

[Effective Date of Premium Increase]	Premium Increase Percentage	New [Monthly, Quarterly, Semi Annual, Annual] Premium
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]

[IF STATE APPROVED INCREASES OVER THREE YEARS:]

[Effective Date of Premium Increase]	Premium Increase Percentage	New [Monthly, Quarterly, Semi Annual, Annual] Premium
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]

[SUBSEQUENT INCREASES:] [As you may recall, we previously wrote to you to inform you of a premium rate increase that will apply, in multiple stages, to your Prudential Long-Term Care Insurance policy. At this time, we are writing to inform you of the subsequent premium rate increase.]

[IF STATE APPROVED INCREASES OVER TWO YEARS:] [The second premium increase for your policy is [XX%]. Your [monthly, quarterly, semiannual, annual] premium payment of [\$XXXX.XX] will change to [\$XXXX.XX]. This increase will take effect on [MM/DD/YYYY].¹]

[IF STATE APPROVED INCREASES OVER THREE YEARS:] [A subsequent rate increase for your policy will be [XX%]. This will take effect no earlier than one year from the current rate increase effective date.¹]

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

We have also notified the Group Contract Holder through which this coverage was purchased. Please read this letter carefully and in its entirety. Please also refer to the enclosed document entitled *Frequently Asked Questions*, which provides more information about this premium increase. If you have other questions or concerns after reviewing this letter, **please call our Long-Term Care Customer Service Center at [1-800-732-0416]**. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time.

[IF DIRECT BILL:] [You will see this change reflected in the statement preceding the effective date of the increased premium rate.] **[IF EFT:]** [Since you pay premium via electronic funds transfer (“EFT”), we will deduct the increased premium amount from your bank account beginning with the first premium due after the rate increase effective date.] **[IF PAYROLL DEDUCTION:]** [Since you pay premium through your employer, please be aware the amount deducted will be adjusted to reflect the increase in premium.]

[IF AT MINIMUM:] [Because your benefits are already at the lowest level we offer, we are unable to offer you the option of reducing your coverage in order to offset the amount of your premium increase.]

[IF NOT AT MINIMUM:] [If you decide to pay your premium at the increased rate listed above, your coverage will remain the same. In the alternative, we have set forth a number of options below that will allow you to reduce the amount of your premium increases by electing to reduce the amount of coverage you have. We urge you to consider each of these options carefully.]

[Personalized Options to Reduce the Impact of the Premium Rate Increase

- You may reduce your current Daily Maximum Benefit (DMB) for Nursing Home care. Please note all other benefits are calculated as a percentage or a factor of this Daily Maximum Benefit for Nursing Home amount; therefore, a reduction to the Daily Maximum Benefit for Nursing Home care will reduce all of your other benefits accordingly. This means the maximum benefit you could receive under the coverage for each day you receive benefits will be reduced to the amount stated below. This change would moderate the impact of the increase in premium.²

Please note that by reducing your Daily Maximum Benefit for Nursing Home care, you will also be reducing the total dollar amount of benefits payable under your coverage (Lifetime Maximum Benefit/LMB), since the Lifetime Maximum Benefit is calculated by multiplying the Daily Maximum Benefit for Nursing Home care by the number of days the coverage was intended to last, unless your coverage has an unlimited Lifetime Maximum Benefit. For example, \$100 Daily Maximum Benefit for Nursing Home care x 5 year plan x 365 days = \$182,500. Reducing the Daily Maximum Benefit for Nursing Home care to \$80 = \$80 x 5 years x 365 days = \$146,000.

Before making any decision to reduce your Daily Maximum Benefit for Nursing Home care, please consider the current and future cost of care in the geographic area where you anticipate receiving care, and the amount you expect to be able to pay for care from your own assets and savings.

- You may reduce your Lifetime Maximum Benefit amount by changing the number of years used to calculate such benefits. This means your Lifetime Maximum Benefit shown in a dollar amount will be recalculated to a lower dollar amount. This change may help to minimize the impact of the increase in premium.
- You may reduce **both** your current Daily Maximum Benefit for Nursing Home care **and** your Lifetime Maximum Benefit. This combination of changes may help to minimize the impact of the increase in premium.

PERSONALIZED OPTIONS

	Daily Maximum Benefit ²	Lifetime Maximum Benefit ³	Current Premium	New [Monthly, Quarterly, Semi Annual, Annual] Premium ⁴
Keep your Current Coverage	\$XXX	X-Year	\$XXX	\$XXX
Reduce your DMB	\$XXX	X-Year	\$XXX	\$XXX
Reduce your LMB	\$XXX	Y-Year	\$XXX	\$XXX
Reduce your DMB & LMB	\$XXX	Z-Year	\$XXX	\$XXX

[IF SIMPLE OR COMPOUND INFLATION, DMB AMOUNTS WILL BE THE INFLATED AMOUNTS IN ABOVE GRID]]

IF YOUR EXISTING COVERAGE QUALIFIES AS A PARTNERSHIP ELIGIBLE PLAN, PLEASE NOTE. If you elect to make any changes to your certificate of coverage, such changes could affect whether your coverage continues to be a Partnership certificate. Before you elect to make any changes, you should consult with a representative from our Customer Service Center at [1-800-732-0416]. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time.

If you would like to elect an option to reduce the impact of the premium rate increase, please complete the enclosed Long Term Care Insurance Change Request Form and return it to the address noted on the form **within 30 days of the date of this letter**. This will help to ensure any coverage changes take effect on or prior to the effective date of the premium rate increase. You will be provided with a new Confirmation Statement if you elect to modify your coverage in any way.

Please also note there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, please call us at [1-800-732-0416] so we can review with you other options that might be available and the premium associated with those options. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time. Please note that you have a right to receive a revised premium rate or rate schedule upon request.

[IF NFO:] [As an alternative to the options described above, you may exercise a right under the non-forfeiture benefit of your coverage to change your coverage to paid-up status. **The paid up value is based on the premium paid to date but will be no less than 30 times the Daily Maximum for Nursing Home care at the time of lapse; in no event will the paid up value exceed the Lifetime Maximum which would be payable if the plan remained in a premium paying status.** If you elect this option, no further premium payments will be due, and your Benefit Waiting/Elimination Period and Daily Maximum Benefits will remain the same, but your Lifetime Maximum Benefit will be reduced. If you wish to consider this option and would like to know the amount of your reduced Lifetime Maximum Benefit, please contact our Customer Service Center at [1-800-732-0416], Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time. You can elect this option by checking the appropriate box on the enclosed *Long Term Care Insurance*

Change Request Form. If you do not submit a *Long Term Care Insurance Change Request Form* or contact our Customer Service Center and coverage lapses because you do not pay the full increased premium, your coverage will automatically be converted to paid-up status with reduced benefits. If you convert to this status, the amount of your reduced benefits will be provided to you in writing.]

[IF CNFO:] [As an alternative to the options described above, you may exercise a contingent benefit upon lapse right to change your coverage to paid-up status. **The paid up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.** If you elect this option, no further premium payments will be due, and your Benefit Waiting/Elimination Period and Daily Maximum Benefits will remain the same, but your Lifetime Maximum Benefit will be reduced. If you wish to consider this option and would like to know the amount of your reduced Lifetime Maximum Benefit, please contact our Customer Service Center at [1-800-732-0416], Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time. You can elect this option within 120 days of the implementation of the premium increase by checking the appropriate box on the enclosed *Long Term Care Insurance Change Request Form*. If you do not submit a *Long Term Care Insurance Change Request Form* or contact our Customer Service Center and coverage lapses because you do not pay the full increased premium, your coverage will automatically be converted to paid-up status with reduced benefits. If you convert to this status, the amount of your reduced benefits will be provided to you in writing.]

Please Note: All options may not be of equal value.

[IF ADDITIONAL INCREASE IS CERTAIN] [We anticipate an additional premium increase will be necessary beyond the increase(s) described in this letter, but we do not presently know the date or amount of any future increase.]

[IF ADDITIONAL INCREASE IS POSSIBLE:] [It is possible, as we continue to regularly review the factors that impact premium rates, that one or more increase(s) may be needed beyond the increase(s) described in this letter.]

In the event a future increase becomes necessary, you will receive another advance notification of the effective date of any such increase. Options similar to those being offered now will be available and changes in benefits may be done at any time upon your request.

We will continue to monitor the factors that impact premiums to determine if our current assumptions are consistent with actual experience.

Any future increase will not be implemented until the request is reviewed and approved by Virginia's State Corporation Commission.

[IF THERE ARE ALTERNATIVE BENEFIT QUOTES:]

[If you elect to maintain your current benefit levels and pay the increased premium, you do not need to take any action at this time. Simply pay the increased premium when due.

If you would like to elect an option to reduce the impact of the premium rate increase, please complete the enclosed *Long Term Care Insurance Change Request Form* and return it to the address noted on the form **within 30 days of the date of this letter**.

If you do not elect a benefit reduction option or inform us of your intent to terminate coverage within 30 days of the date of this letter, we will assume you wish to maintain your current benefit levels at the increased premium rate.]

We would like to remind you that there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, or if you have questions or concerns after reviewing this letter, **please call our Long-Term Care Customer Service Center at [1-800-732-0416]**. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time.

We appreciate having you as a customer and we look forward to continuing to serve you.

Sincerely,

Prudential Long Term Care

¹ The benefit amounts and premium amounts cited in this letter do not reflect any benefit changes that may already be pending at this time. Your actual premium may be different due to rounding.

² The Daily Maximum Benefit amounts are subject to any applicable state and/or partnership regulatory minimum benefit requirements. The Daily Maximum Benefit (DMB) is the most the coverage will reimburse for the costs of covered long-term care services received on any day.

³ Lifetime Maximum Benefit (LMB) represents the total pool of money available to reimburse the costs of covered long term care services you receive while insured, and is calculated by multiplying your DMB by the number of years in days.

⁴ Your actual premium may be different due to rounding.

The Prudential Insurance Company of America

Frequently Asked Questions Relating to Premium Increase

Question: Why are you raising long term care insurance premium rates?

Answer: We monitor in-force contracts like yours to make sure we will be able to meet our future claim obligations. The premiums we charge are influenced by a number of factors, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the policy and prevailing interest rate levels. We used the best available information to establish the original premium rates, but our actual experience has been materially different compared to our original assumptions. Our review of the actual experience has resulted in changes to the assumptions we use to project future experience and the premium necessary to keep pace with that expected future experience. Unfortunately, the experience trends we, as well as the long term care insurance industry generally are seeing necessitates that we raise premium rates.

Question: What allows you to raise premiums on these plans?

Answer: The certificate of insurance we issued to you describes our right to increase the premium we charge for the insurance. Generally, this language can be found in both the “Renewability” and “Increases in Premiums” provisions.

Question: Will you raise premiums on these plans again?

Answer: **[IF ADDITIONAL INCREASE IS CERTAIN:** We anticipate an additional premium increase will be necessary beyond the increase(s) described in this letter, but we do not presently know the date or amount of any future increase. Should another rate increase be necessary, it will not be implemented until the request is reviewed and approved by Virginia's State Corporation Commission.] **[IF ADDITIONAL INCREASE IS POSSIBLE:** It is possible, as we continue to regularly review the factors that impact premium rates, that one or more increase(s) may be needed beyond the increase(s) described in this letter. Should another rate increase be necessary, it will not be implemented until the request is reviewed and approved by Virginia's State Corporation Commission.]

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.

Question: When will this premium increase become effective?

Answer: That date is set forth in the letter to which this Frequently Asked Questions form was attached.

Question: What options do I have to moderate the impact of the premium increase?

Answer: You may keep the coverage you have with all of its current features by paying the increased premium rate. Alternatively, we have included benefit reduction options with this letter to help moderate the impact of the premium increase. If you would like to elect one of these options to reduce or eliminate the impact of the premium increase, please review, complete and return the enclosed Long Term Care Insurance Change Request Form. The Long Term Care Customer Service Center is available to discuss other available options to help reduce your

The Prudential Insurance Company of America

premium. They can be reached at [1-800-732-0416] and are available to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time

Question: Will the rate increase be effective for everyone in my group at the same time?

Answer: No. Impacted insureds have different premium due dates and were issued coverage in different states. The increase cannot be implemented until The Prudential Insurance Company of America (Prudential), receives necessary state approval or authorization and establishes an implementation date. The increase will be staggered in accordance with when regulatory approvals and authorizations are obtained.

Question: Will everyone's premium be increased by the same amount?

Answer: Not necessarily. Since Prudential must receive necessary state approval or authorization prior to implementing the increase, it is possible not every state will approve or authorize the same percentage increase. It is also possible some states may deny Prudential's request for an increase, or require it be reduced or spread over multiple years.

Question: What will happen to my premium if I am currently on Waiver of Premium?

Answer: If you are currently not paying premiums under the Waiver of Premium provision in your policy, you will not be immediately affected by this rate increase. Should you cease to be eligible under the Waiver of Premium provision, the rate increase will be effective on your next premium due date. However, please note, you will receive a notice of the increase at least 75 days prior to implementation. Additionally, the notice will include available options specific to you, to reduce coverage and help mitigate the impact of the rate increase.



The Prudential Insurance
 Company of America
 Long Term Care Customer
 Service Center
 P.O. Box 13410
 Pensacola FL 32591
 Tel: [1-800-732-0416]

**[GROUP CONTRACT HOLDER NAME]
 GROUP CONTRACT NO. [LT-XXXXX-ST]
 LONG TERM CARE INSURANCE PLAN
 CONFIRMATION STATEMENT**

[FIRST NAME LAST NAME]
 [ADDRESS LINE 1]
 [ADDRESS LINE 2]
 [CITY, STATE, ZIP CODE]

CERTIFICATE NO.: [XXXXXXXXXX]
 DATE OF BIRTH: [MM/DD/YYYY]
 STATEMENT DATE: [MM/DD/YYYY]

This statement details your selected options under the Long Term Care Insurance Group Contract as of the Effective Date. Your Coverage provides payment for Eligible Charges for your Long Term Care expenses. The Certificate of Insurance includes all Plan Options available. This Confirmation Statement lists the Plan Option and any other optional benefits you elected. Please consult the Schedule of Benefits found in the Certificate of Insurance for a list of benefits under the Plan Option you have chosen. All benefits are subject in every way to the entire Group Contract which includes the Certificate of Insurance.

PLAN OPTION SELECTED	[\$XXX NURSING HOME CARE DAILY MAXIMUM] [\$XXX HOME & COMMUNITY-BASED CARE DAILY MAXIMUM]
BENEFIT WAITING/ELIMINATION PERIOD	[0, 30, 60, 90, 180, 365 DAYS]
INFLATION PROTECTION	[PERIODIC OFFERS, AUTOMATIC COMPOUND, AUTOMATIC COMPOUND W/CAP, SIMPLE INFLATION, NONE]
NON-FORFEITURE BENEFIT	[NON-FORFEITURE BENEFIT-SHORTENED BENEFIT PERIOD, RETURN OF PREMIUM, CONTINGENT]
PREMIUM REFUND AT DEATH BENEFIT	[YES, NO]
LIFETIME MAXIMUM BENEFIT	[\$XXX,XXX]
EFFECTIVE DATE	[MM/DD/YYYY]
MONTHLY PREMIUM AMOUNT	[\$XXX.XX]

You have elected to pay Long Term Care Insurance Premiums as follows:

PREMIUM PAYMENT METHOD:	[PAYROLL DEDUCTION / PENSION DEDUCTION / DIRECT BILL/ELECTRONIC FUNDS TRANSFER]
FREQUENCY:	[WEEKLY/BI-WEEKLY/SEMI-MONTHLY/MONTHLY/EFT-MONTHLY/QUARTERLY/SEMI-ANNUALLY/ANNUALLY]
AMOUNT:	[\$XXX.XX]

This document serves as your proof of Coverage. Keep this Confirmation Statement and your Certificate of Insurance in a safe place with your other important documents.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

N/A

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	39.800%	39.800%	\$1,794,536	3,926	\$4,508,579	40.000%	0.000%

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Appendix F - Base Policy Rate Pages (Post RS)	83500 BFW 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 BFW 5013 - Base Policy Rate Pages (VA Post RS).pdf,
2		Appendix F - Periodic Inflation Rate Pages (Post RS)	83500 GBT T 5010	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 GBT T 5010 - Periodic Infl Rate Pgs (VA Post RS).pdf,
3		Appendix F - Automatic Compound Inflation Rate Pages (Post RS)	83500 LTC T 5011	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5011 - Automatic Compound Inflation Rate Pages (VA Post RS).pdf,
4		Appendix F - Automatic Compound Inflation With Cap rate Pages (Post RS)	83500 LTC T 5012	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5012 - Auto Compound Infl with Cap Rate Pages (VA Post RS).pdf,
5		Appendix F - Automatic Simple Inflation Rate Pages (Post RS)	83500 LTC T 5013	Revised	Previous State Filing Number: 007-0000016323 Percent Rate Change Request: 40	Appendix F - 83500 LTC T 5013 - Auto Simple Infl Rate Pages (VA Post RS).pdf,

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 1
83500 BFW 5013 - Policies Issued on or after 10/1/2003
Policies Issued on or after 10/1/2003

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VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	No Inflation				
18-25	\$	81			
26		85			
27		90			
28		94			
29		99			
30		104			
31		109			
32		115			
33		121			
34		127			
35		133			
36		140			
37		147			
38		154			
39		162			
40		170			
41		180			
42		190			
43		201			
44		213			
45		225			
46		238			
47		251			
48		266			
49		281			
50		297			
51		321			
52		346			
53		373			
54		403			
55		435			
56		470			
57		507			
58		547			
59		591			
60		638			
61		693			
62		753			
63		818			
64		888			
65		965			
66		1,047			
67		1,136			
68		1,233			
69		1,338			
70		1,452			
71		1,611			
72		1,789			
73		1,985			
74		2,204			
75		2,446			
76		2,721			
77		3,027			
78		3,367			
79		3,745			
80		4,165			
81		4,497			
82		4,856			
83		5,243			
84		5,661			
85		6,113			

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 1
83500 BFW 5013 - Policies Issued on or after 10/1/2003

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	No Inflation				
18-25	\$	100			
26		105			
27		110			
28		116			
29		122			
30		128			
31		134			
32		141			
33		148			
34		156			
35		164			
36		172			
37		181			
38		191			
39		200			
40		211			
41		223			
42		236			
43		250			
44		264			
45		280			
46		296			
47		313			
48		332			
49		351			
50		371			
51		400			
52		431			
53		464			
54		499			
55		537			
56		578			
57		623			
58		671			
59		722			
60		777			
61		839			
62		906			
63		979			
64		1,057			
65		1,142			
66		1,234			
67		1,334			
68		1,442			
69		1,559			
70		1,686			
71		1,864			
72		2,061			
73		2,279			
74		2,521			
75		2,787			
76		3,082			
77		3,408			
78		3,769			
79		4,168			
80		4,609			
81		4,951			
82		5,318			
83		5,713			
84		6,136			
85		6,592			

Appendix F
The Prudential Insurance Company of America
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83500 BFW 5013 - Policies Issued on or after 10/1/2003

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Adjustment Factors - Benefit Period		
Benefit Period (Years)	Home Health Equal to 50% of Maximum Daily Benefit	Home Health Equal to 100% of Maximum Daily Benefit
2	0.72	0.69
3	0.85	0.83
4	0.94	0.93
5	1.00	1.00
10	1.23	1.25
Lifetime	1.30	1.33

Adjustment Factors - Benefit waiting/ Elimination Period	
Benefit waiting/elimination Period (days)	Premium Adjustment Factor
0	1.20
30	1.13
60	1.06
90	1.00
180	0.92
365	0.79

Adjustment Factors - to adjust ALF Benefit		
Home Health Percentage	Assisted Living Facility Benefit Percentage	
	50%	100%
50%	1.00	1.05
100%	0.97	1.00

Adjustment Factors - to adjust Adult Day Care Benefit		
Home Health Percentage	Adult Day Care Benefit Percentage	
	50%	100%
50%	1.00	1.02
100%	0.99	1.00

Adjustment Factors - Informal Caregiver Coverage	
Informal Caregiver Benefit as a percent of the Home Health Care Daily Maximum	Premium Adjustment Factor
0%	1.00
100%	1.04

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	Adjustment Factor
Annual	11.33
Semi-Annual	5.83
Quarterly	3.00
Monthly	1.00

Adjustment Factors - Billing/Administrative	
Administration	Premium Adjustment Factor
Complex and Direct Bill	1.05
Complex Standard	1.03
Automated/ Direct Bill only	1.00
	0.97

Virginia Rates
December 1, 2017

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 1
83500 BFW 5013 - Policies Issued on or after 10/1/2003

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Adjustment Factors - Type of Medical Underwriting	
Underwriting	Premium Adjustment Factor*
Simplified Underwriting for Non-Employees (ages<65) and Guaranteed Issue for Employees	1.04
Simplified Underwriting for All Insureds with Issue Ages <65	1.03
Full Medical Underwriting for Non-Employees and Guaranteed Issue for Employees	1.00
Simplified Underwriting for Employees and Full Underwriting for Non-Employees	0.99
Full Medical Underwriting for all applicants	0.94

Adjustment Factors - Employer Size	
Number of Eligible Employees	Premium Adjustment Factor
< 2,000	1.02
2,000 +	1.00

* Adjustment factors only apply to issue ages less than 65

Adjustment Factors - Commission Rate Variations	
Level Commission Rate*	Premium Adjustment Factor
0%	1
1%	1.01
2%	1.02
3%	1.03
4%	1.04
5%	1.05
6%	1.06
7%	1.07
8%	1.08
9%	1.09
10%	1.1
11%	1.11
12%	1.12
13%	1.13
14%	1.14
15%	1.15
16%	1.16
17%	1.17
18%	1.18
19%	1.19
20%	1.20

*Or actuarially equivalent non-level commission schedules

Adjustment Factors - Core Business			
Issue Age	Core Premium Adjustment Factors for Various Employee Turnover Rate Scenarios Without Employer Subsidy After Retirement		
	Low	Medium	High
<= 30	0.93	0.68	0.56
40	0.91	0.77	0.72
50	0.83	0.81	0.8
60	0.74	0.74	0.74
>= 65	1.00	1.00	1.00

Adjustment Factors - Core Business			
Issue Age	Core Premium Adjustment Factors for Various Employee Turnover Rate Scenarios With Employer Subsidy After Retirement		
	Low	Medium	High
<= 30	1.39	0.93	0.74
40	1.46	1.19	1.11
50	1.39	1.34	1.33
60	1.22	1.22	1.22
>= 65	1.22	1.22	1.22

Adjustment Factors - Marketing Strategy	
Marketing Strategy	Premium Adjustment Factor
Minimal	0.97
Standard	1.00
Enhanced	1.03

Adjustment Factors - For Underwriting Judgement	
	Premium Adjustment Factor
Demographic-Based	.85 - 1.15

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Base Rates and Adjustment Factors - Year 1
83500 BFW 5013 - Policies Issued on or after 10/1/2003

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Adjustment Factors - Spouse Discounts				
Discount Applies to	Premium Adjustment Factor			
	5% Discount	10% Discount	15% Discount	20% Discount
Any Married	1.04	1.08	1.13	1.18
Married Persons if Both Spouses Apply	1.03	1.07	1.11	1.15

Adjustment Factors - Death Benefit	
Death Benefit Type	Premium Adjustment Factor
None	0.96
Minimum	0.99
Standard	1.00

Adjustment Factors - Monthly Benefit	
Benefit Type	Premium Adjustment Factor
Monthly	1.07
Daily	1.00

Adjustment Factors - Cash Benefit Rider	
Age	Cash Benefit Rider
< 65	1.70
65 and older	1.59

Adjustment Factors - Additional Rider	
Rider Type	Premium Adjustment Factor
Return of Premium	1.25
Shortened Benefit Period	1.11
Shared Waiver of Premium	1.03
Survivor Benefit	1.13

Adjustment Factors - Restoration of Benefits Riders	
Benefit Period (Years)	Restoration of Benefits
2	1.03
3	1.02
4	1.01
5	1.01
10	1.01
Lifetime	1.00

Adjustment Factors - Frequency of Periodic Inflation Offer	
Frequency of Offer	Premium Adjustment Factor
Every Year	1.03
Every Two Years	1.01
Every Three Years	1.00

Adjustment Factors - ADL Trigger	
ADL Benefit Trigger	Premium Adjustment Factor
2 of 6	1.00

* Contingence is excluded

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The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 2
83500 BFW 5013 - Policies Issued on or after 10/1/2003

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VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	No Inflation				
18-25	\$	96			
26		101			
27		106			
28		112			
29		117			
30		123			
31		129			
32		136			
33		143			
34		150			
35		158			
36		165			
37		174			
38		183			
39		192			
40		202			
41		213			
42		225			
43		238			
44		252			
45		266			
46		281			
47		297			
48		314			
49		332			
50		351			
51		379			
52		409			
53		442			
54		477			
55		515			
56		556			
57		600			
58		647			
59		699			
60		754			
61		820			
62		890			
63		967			
64		1,051			
65		1,142			
66		1,239			
67		1,344			
68		1,459			
69		1,583			
70		1,717			
71		1,906			
72		2,116			
73		2,349			
74		2,607			
75		2,894			
76		3,219			
77		3,581			
78		3,983			
79		4,430			
80		4,928			
81		5,320			
82		5,745			
83		6,203			
84		6,697			
85		7,231			

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Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 2
83500 BFW 5013 - Policies Issued on or after 10/1/2003

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VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	No Inflation				
18-25	\$	118			
26		124			
27		130			
28		137			
29		144			
30		151			
31		159			
32		167			
33		176			
34		185			
35		194			
36		204			
37		214			
38		225			
39		237			
40		249			
41		264			
42		279			
43		295			
44		313			
45		331			
46		350			
47		371			
48		392			
49		415			
50		439			
51		473			
52		509			
53		548			
54		590			
55		636			
56		684			
57		737			
58		793			
59		854			
60		919			
61		993			
62		1,072			
63		1,158			
64		1,251			
65		1,351			
66		1,460			
67		1,578			
68		1,706			
69		1,845			
70		1,994			
71		2,205			
72		2,439			
73		2,697			
74		2,982			
75		3,297			
76		3,646			
77		4,032			
78		4,459			
79		4,931			
80		5,452			
81		5,857			
82		6,291			
83		6,758			
84		7,259			
85		7,798			

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The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 2
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Adjustment Factors - Benefit Period		
Benefit Period (Years)	Home Health Equal to 50% of Maximum Daily Benefit	Home Health Equal to 100% of Maximum Daily Benefit
2	0.72	0.69
3	0.85	0.83
4	0.94	0.93
5	1.00	1.00
10	1.23	1.25
Lifetime	1.30	1.33

Adjustment Factors - Benefit waiting/ Elimination Period	
Benefit waiting/elimination Period (days)	Premium Adjustment Factor
0	1.20
30	1.13
60	1.06
90	1.00
180	0.92
365	0.79

Adjustment Factors - to adjust ALF Benefit		
Home Health Percentage	Assisted Living Facility Benefit Percentage	
	50%	100%
50%	1.00	1.05
100%	0.97	1.00

Adjustment Factors - to adjust Adult Day Care Benefit		
Home Health Percentage	Adult Day Care Benefit Percentage	
	50%	100%
50%	1.00	1.02
100%	0.99	1.00

Adjustment Factors - Informal Caregiver Coverage	
Informal Caregiver Benefit as a percent of the Home Health Care Daily Maximum	Premium Adjustment Factor
0%	1.00
100%	1.04

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	Adjustment Factor
Annual	11.33
Semi-Annual	5.83
Quarterly	3.00
Monthly	1.00

Adjustment Factors - Billing/Administrative	
Administration	Premium Adjustment Factor
Complex and Direct Bill	1.05
Complex Standard	1.03
Automated/ Direct Bill only	1.00
	0.97

Virginia Rates
December 1, 2018

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Adjustment Factors - Type of Medical Underwriting	
Underwriting	Premium Adjustment Factor*
Simplified Underwriting for Non-Employees (ages<65) and Guaranteed Issue for Employees	1.04
Simplified Underwriting for All Insureds with Issue Ages <65	1.03
Full Medical Underwriting for Non-Employees and Guaranteed Issue for Employees	1.00
Simplified Underwriting for Employees and Full Underwriting for Non-Employees	0.99
Full Medical Underwriting for all applicants	0.94

* Adjustment factors only apply to issue ages less than 65

Adjustment Factors - Employer Size	
Number of Eligible Employees	Premium Adjustment Factor
< 2,000	1.02
2,000 +	1.00

Adjustment Factors - Commission Rate Variations	
Level Commission Rate*	Premium Adjustment Factor
0%	1
1%	1.01
2%	1.02
3%	1.03
4%	1.04
5%	1.05
6%	1.06
7%	1.07
8%	1.08
9%	1.09
10%	1.1
11%	1.11
12%	1.12
13%	1.13
14%	1.14
15%	1.15
16%	1.16
17%	1.17
18%	1.18
19%	1.19
20%	1.20

*Or actuarially equivalent non-level commission schedules

Adjustment Factors - Core Business			
Issue Age	Core Premium Adjustment Factors for Various Employee Turnover Rate Scenarios Without Employer Subsidy After Retirement		
	Low	Medium	High
<= 30	0.93	0.68	0.56
40	0.91	0.77	0.72
50	0.83	0.81	0.8
60	0.74	0.74	0.74
>= 65	1.00	1.00	1.00

Adjustment Factors - Core Business			
Issue Age	Core Premium Adjustment Factors for Various Employee Turnover Rate Scenarios With Employer Subsidy After Retirement		
	Low	Medium	High
<= 30	1.39	0.93	0.74
40	1.46	1.19	1.11
50	1.39	1.34	1.33
60	1.22	1.22	1.22
>= 65	1.22	1.22	1.22

Adjustment Factors - Marketing Strategy	
Marketing Strategy	Premium Adjustment Factor
Minimal	0.97
Standard	1.00
Enhanced	1.03

Adjustment Factors - For Underwriting Judgement	
	Premium Adjustment Factor
Demographic-Based	.85 - 1.15

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83500 BFW 5013 - Policies Issued on or after 10/1/2003

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Adjustment Factors - Spouse Discounts				
Discount Applies to	Premium Adjustment Factor			
	5% Discount	10% Discount	15% Discount	20% Discount
Any Married	1.04	1.08	1.13	1.18
Married Persons if Both Spouses Apply	1.03	1.07	1.11	1.15

Adjustment Factors - Death Benefit	
Death Benefit Type	Premium Adjustment Factor
None	0.96
Minimum	0.99
Standard	1.00

Adjustment Factors - Monthly Benefit	
Benefit Type	Premium Adjustment Factor
Monthly	1.07
Daily	1.00

Adjustment Factors - Cash Benefit Rider	
Age	Cash Benefit Rider
< 65	1.70
65 and older	1.59

Adjustment Factors - Additional Rider	
Rider Type	Premium Adjustment Factor
Return of Premium	1.25
Shortened Benefit Period	1.11
Shared Waiver of Premium	1.03
Survivor Benefit	1.13

Adjustment Factors - Restoration of Benefits Riders	
Benefit Period (Years)	Restoration of Benefits
2	1.03
3	1.02
4	1.01
5	1.01
10	1.01
Lifetime	1.00

Adjustment Factors - Frequency of Periodic Inflation Offer	
Frequency of Offer	Premium Adjustment Factor
Every Year	1.03
Every Two Years	1.01
Every Three Years	1.00

Adjustment Factors - ADL Trigger	
ADL Benefit Trigger	Premium Adjustment Factor
2 of 6	1.00

* Contingence is excluded

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Periodic Inflation				
18-25	\$	84			
26		88			
27		93			
28		98			
29		102			
30		108			
31		113			
32		119			
33		125			
34		131			
35		138			
36		145			
37		152			
38		160			
39		168			
40		176			
41		187			
42		197			
43		209			
44		221			
45		234			
46		247			
47		262			
48		277			
49		293			
50		310			
51		334			
52		361			
53		389			
54		420			
55		454			
56		489			
57		528			
58		570			
59		615			
60		664			
61		720			
62		782			
63		849			
64		921			
65		1,000			
66		1,085			
67		1,177			
68		1,278			
69		1,387			
70		1,505			
71		1,670			
72		1,853			
73		2,055			
74		2,281			
75		2,530			
76		2,813			
77		3,128			
78		3,477			
79		3,866			
80		4,298			
81		4,632			
82		4,993			
83		5,382			
84		5,801			
85		6,252			

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Issue Age	Periodic Inflation				
18-25	\$	103			
26		108			
27		114			
28		120			
29		126			
30		132			
31		139			
32		147			
33		154			
34		162			
35		171			
36		180			
37		189			
38		199			
39		209			
40		220			
41		233			
42		246			
43		261			
44		276			
45		292			
46		309			
47		327			
48		346			
49		367			
50		388			
51		418			
52		450			
53		484			
54		521			
55		561			
56		604			
57		650			
58		699			
59		753			
60		810			
61		874			
62		943			
63		1,017			
64		1,097			
65		1,183			
66		1,279			
67		1,383			
68		1,496			
69		1,618			
70		1,750			
71		1,934			
72		2,137			
73		2,362			
74		2,610			
75		2,884			
76		3,188			
77		3,523			
78		3,893			
79		4,303			
80		4,756			
81		5,099			
82		5,468			
83		5,863			
84		6,286			
85		6,741			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Periodic Inflation				
18-25	\$ 100				
26	105				
27	110				
28	115				
29	121				
30	127				
31	134				
32	141				
33	148				
34	155				
35	163				
36	171				
37	180				
38	189				
39	198				
40	209				
41	221				
42	233				
43	247				
44	261				
45	277				
46	293				
47	310				
48	328				
49	347				
50	367				
51	396				
52	427				
53	461				
54	497				
55	537				
56	579				
57	625				
58	674				
59	728				
60	785				
61	852				
62	925				
63	1,004				
64	1,090				
65	1,183				
66	1,283				
67	1,393				
68	1,511				
69	1,640				
70	1,780				
71	1,975				
72	2,192				
73	2,432				
74	2,698				
75	2,994				
76	3,328				
77	3,700				
78	4,114				
79	4,573				
80	5,084				
81	5,480				
82	5,907				
83	6,367				
84	6,862				
85	7,396				

Virginia Rates
December 1, 2018

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VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Periodic Inflation				
18-25	\$	122			
26		128			
27		135			
28		142			
29		149			
30		157			
31		165			
32		173			
33		183			
34		192			
35		202			
36		213			
37		224			
38		235			
39		247			
40		260			
41		275			
42		292			
43		309			
44		327			
45		346			
46		366			
47		387			
48		410			
49		434			
50		459			
51		494			
52		532			
53		573			
54		616			
55		663			
56		714			
57		769			
58		827			
59		891			
60		959			
61		1,034			
62		1,115			
63		1,203			
64		1,298			
65		1,399			
66		1,513			
67		1,637			
68		1,770			
69		1,914			
70		2,070			
71		2,287			
72		2,528			
73		2,794			
74		3,087			
75		3,412			
76		3,771			
77		4,168			
78		4,606			
79		5,090			
80		5,626			
81		6,032			
82		6,468			
83		6,936			
84		7,437			
85		7,974			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Compound Inflation				
18-25	\$	326			
26		340			
27		356			
28		372			
29		388			
30		406			
31		424			
32		443			
33		463			
34		484			
35		505			
36		528			
37		552			
38		576			
39		602			
40		629			
41		659			
42		690			
43		723			
44		757			
45		793			
46		831			
47		870			
48		911			
49		954			
50		1,000			
51		1,055			
52		1,113			
53		1,175			
54		1,240			
55		1,309			
56		1,382			
57		1,458			
58		1,539			
59		1,624			
60		1,714			
61		1,777			
62		1,841			
63		1,908			
64		1,978			
65		2,050			
66		2,170			
67		2,297			
68		2,432			
69		2,574			
70		2,724			
71		2,944			
72		3,182			
73		3,439			
74		3,716			
75		4,016			
76		4,370			
77		4,756			
78		5,175			
79		5,631			
80		6,128			
81		6,510			
82		6,916			
83		7,348			
84		7,806			
85		8,293			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Compound Inflation				
18-25	\$	401			
26		419			
27		437			
28		457			
29		477			
30		498			
31		520			
32		543			
33		567			
34		592			
35		618			
36		646			
37		674			
38		704			
39		735			
40		768			
41		803			
42		840			
43		878			
44		918			
45		960			
46		1,004			
47		1,050			
48		1,098			
49		1,148			
50		1,201			
51		1,264			
52		1,330			
53		1,400			
54		1,473			
55		1,550			
56		1,632			
57		1,717			
58		1,807			
59		1,902			
60		2,002			
61		2,066			
62		2,133			
63		2,202			
64		2,273			
65		2,346			
66		2,473			
67		2,608			
68		2,750			
69		2,899			
70		3,057			
71		3,288			
72		3,537			
73		3,804			
74		4,092			
75		4,402			
76		4,766			
77		5,160			
78		5,587			
79		6,049			
80		6,549			
81		6,928			
82		7,329			
83		7,753			
84		8,202			
85		8,676			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Compound Inflation				
18-25	\$	385			
26		403			
27		421			
28		440			
29		459			
30		480			
31		502			
32		524			
33		548			
34		572			
35		598			
36		625			
37		653			
38		682			
39		713			
40		745			
41		780			
42		817			
43		855			
44		896			
45		938			
46		983			
47		1,029			
48		1,078			
49		1,129			
50		1,183			
51		1,248			
52		1,317			
53		1,390			
54		1,467			
55		1,549			
56		1,634			
57		1,725			
58		1,821			
59		1,921			
60		2,028			
61		2,102			
62		2,178			
63		2,258			
64		2,340			
65		2,425			
66		2,567			
67		2,717			
68		2,877			
69		3,045			
70		3,223			
71		3,483			
72		3,764			
73		4,068			
74		4,396			
75		4,751			
76		5,170			
77		5,626			
78		6,122			
79		6,662			
80		7,249			
81		7,702			
82		8,182			
83		8,692			
84		9,234			
85		9,810			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Compound Inflation				
18-25	\$	475			
26		496			
27		517			
28		540			
29		564			
30		589			
31		615			
32		642			
33		671			
34		701			
35		732			
36		764			
37		798			
38		833			
39		870			
40		908			
41		950			
42		993			
43		1,039			
44		1,086			
45		1,136			
46		1,188			
47		1,242			
48		1,299			
49		1,358			
50		1,420			
51		1,495			
52		1,573			
53		1,656			
54		1,743			
55		1,834			
56		1,930			
57		2,031			
58		2,138			
59		2,250			
60		2,368			
61		2,444			
62		2,523			
63		2,604			
64		2,688			
65		2,775			
66		2,926			
67		3,085			
68		3,253			
69		3,430			
70		3,616			
71		3,890			
72		4,184			
73		4,501			
74		4,841			
75		5,207			
76		5,638			
77		6,104			
78		6,609			
79		7,156			
80		7,748			
81		8,196			
82		8,670			
83		9,172			
84		9,702			
85		10,264			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Comp. Infl. w/ cap				
18-25	\$	122			
26		129			
27		137			
28		145			
29		154			
30		163			
31		173			
32		184			
33		195			
34		206			
35		219			
36		232			
37		246			
38		261			
39		277			
40		293			
41		314			
42		335			
43		359			
44		383			
45		410			
46		438			
47		469			
48		501			
49		536			
50		573			
51		618			
52		666			
53		718			
54		775			
55		836			
56		901			
57		972			
58		1,048			
59		1,131			
60		1,220			
61		1,296			
62		1,376			
63		1,462			
64		1,553			
65		1,649			
66		1,777			
67		1,914			
68		2,062			
69		2,221			
70		2,393			
71		2,625			
72		2,880			
73		3,159			
74		3,466			
75		3,802			
76		4,169			
77		4,571			
78		5,012			
79		5,496			
80		6,026			
81		6,420			
82		6,840			
83		7,287			
84		7,763			
85		8,270			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Comp. Infl. w/ cap				
18-25	\$	149			
26		158			
27		167			
28		178			
29		188			
30		200			
31		212			
32		225			
33		239			
34		253			
35		269			
36		285			
37		302			
38		321			
39		340			
40		361			
41		385			
42		412			
43		440			
44		470			
45		502			
46		536			
47		573			
48		612			
49		653			
50		698			
51		750			
52		806			
53		867			
54		932			
55		1,002			
56		1,077			
57		1,157			
58		1,244			
59		1,337			
60		1,437			
61		1,520			
62		1,607			
63		1,699			
64		1,797			
65		1,900			
66		2,038			
67		2,186			
68		2,345			
69		2,516			
70		2,698			
71		2,945			
72		3,215			
73		3,508			
74		3,829			
75		4,180			
76		4,558			
77		4,971			
78		5,422			
79		5,913			
80		6,449			
81		6,840			
82		7,254			
83		7,694			
84		8,161			
85		8,656			

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VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Comp. Infl. w/ cap				
18-25	\$ 144				
26	153				
27	162				
28	172				
29	182				
30	193				
31	205				
32	217				
33	230				
34	244				
35	259				
36	275				
37	291				
38	309				
39	327				
40	347				
41	371				
42	397				
43	424				
44	454				
45	485				
46	518				
47	554				
48	593				
49	634				
50	677				
51	731				
52	788				
53	850				
54	917				
55	989				
56	1,066				
57	1,150				
58	1,240				
59	1,338				
60	1,443				
61	1,533				
62	1,628				
63	1,729				
64	1,837				
65	1,951				
66	2,102				
67	2,264				
68	2,439				
69	2,628				
70	2,831				
71	3,106				
72	3,407				
73	3,738				
74	4,100				
75	4,498				
76	4,932				
77	5,408				
78	5,930				
79	6,502				
80	7,129				
81	7,595				
82	8,091				
83	8,620				
84	9,184				
85	9,784				

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VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums					
Per \$100 of Nursing Home Daily Benefit					
Five Year Benefit / 90 Day Waiting Period					
Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Comp. Infl. w/ cap				
18-25	\$	176			
26		187			
27		198			
28		210			
29		223			
30		237			
31		251			
32		266			
33		282			
34		300			
35		318			
36		337			
37		358			
38		379			
39		402			
40		427			
41		456			
42		487			
43		520			
44		556			
45		594			
46		634			
47		677			
48		724			
49		773			
50		826			
51		888			
52		954			
53		1,026			
54		1,102			
55		1,185			
56		1,274			
57		1,369			
58		1,472			
59		1,582			
60		1,700			
61		1,798			
62		1,901			
63		2,010			
64		2,126			
65		2,248			
66		2,411			
67		2,586			
68		2,774			
69		2,976			
70		3,192			
71		3,484			
72		3,803			
73		4,151			
74		4,530			
75		4,944			
76		5,392			
77		5,881			
78		6,414			
79		6,995			
80		7,629			
81		8,091			
82		8,582			
83		9,102			
84		9,655			
85		10,240			

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 1
83500 LTC T 5013 - Policies issued on or after 10/01/2003

Page 1 of 2

VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Simple Inflation				
18-25	\$	150			
26		159			
27		168			
28		178			
29		188			
30		199			
31		210			
32		222			
33		235			
34		249			
35		263			
36		278			
37		294			
38		311			
39		329			
40		348			
41		370			
42		393			
43		418			
44		444			
45		472			
46		501			
47		533			
48		567			
49		602			
50		640			
51		685			
52		733			
53		784			
54		839			
55		898			
56		961			
57		1,029			
58		1,101			
59		1,178			
60		1,261			
61		1,327			
62		1,396			
63		1,469			
64		1,546			
65		1,627			
66		1,743			
67		1,867			
68		2,000			
69		2,142			
70		2,295			
71		2,515			
72		2,755			
73		3,019			
74		3,308			
75		3,625			
76		3,983			
77		4,376			
78		4,808			
79		5,282			
80		5,804			
81		6,202			
82		6,629			
83		7,084			
84		7,570			
85		8,091			

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 1
83500 LTC T 5013 - Policies issued on or after 10/01/2003

Page 2 of 2

VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Simple Inflation				
18-25	\$	185			
26		196			
27		207			
28		219			
29		232			
30		245			
31		259			
32		274			
33		290			
34		307			
35		324			
36		343			
37		363			
38		384			
39		406			
40		429			
41		456			
42		484			
43		514			
44		546			
45		579			
46		615			
47		653			
48		694			
49		736			
50		782			
51		834			
52		890			
53		950			
54		1,014			
55		1,082			
56		1,154			
57		1,232			
58		1,314			
59		1,402			
60		1,496			
61		1,568			
62		1,644			
63		1,722			
64		1,805			
65		1,892			
66		2,018			
67		2,153			
68		2,298			
69		2,451			
70		2,616			
71		2,851			
72		3,107			
73		3,386			
74		3,691			
75		4,022			
76		4,393			
77		4,799			
78		5,242			
79		5,726			
80		6,255			
81		6,651			
82		7,072			
83		7,520			
84		7,996			
85		8,502			

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 2
83500 LTC T 5013 - Policies issued on or after 10/01/2003

Page 1 of 2

VIRGINIA BASE RATES Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Simple Inflation				
18-25	\$	178			
26		188			
27		199			
28		210			
29		222			
30		235			
31		249			
32		263			
33		278			
34		294			
35		311			
36		329			
37		348			
38		368			
39		389			
40		411			
41		437			
42		465			
43		494			
44		525			
45		558			
46		593			
47		631			
48		670			
49		712			
50		757			
51		810			
52		867			
53		928			
54		993			
55		1,063			
56		1,137			
57		1,217			
58		1,303			
59		1,394			
60		1,492			
61		1,570			
62		1,652			
63		1,738			
64		1,829			
65		1,924			
66		2,061			
67		2,208			
68		2,366			
69		2,534			
70		2,715			
71		2,975			
72		3,260			
73		3,572			
74		3,913			
75		4,288			
76		4,711			
77		5,176			
78		5,688			
79		6,249			
80		6,866			
81		7,338			
82		7,842			
83		8,380			
84		8,956			
85		9,571			

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors - Year 2
83500 LTC T 5013 - Policies issued on or after 10/01/2003

Page 2 of 2

VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums Per \$100 of Nursing Home Daily Benefit Five Year Benefit / 90 Day Waiting Period Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Simple Inflation				
18-25	\$	219			
26		231			
27		245			
28		259			
29		274			
30		290			
31		306			
32		324			
33		343			
34		363			
35		384			
36		406			
37		429			
38		454			
39		480			
40		508			
41		539			
42		573			
43		608			
44		646			
45		686			
46		728			
47		773			
48		821			
49		871			
50		925			
51		987			
52		1,053			
53		1,124			
54		1,199			
55		1,280			
56		1,366			
57		1,457			
58		1,555			
59		1,659			
60		1,770			
61		1,855			
62		1,944			
63		2,038			
64		2,135			
65		2,238			
66		2,388			
67		2,547			
68		2,718			
69		2,900			
70		3,094			
71		3,372			
72		3,675			
73		4,006			
74		4,366			
75		4,758			
76		5,197			
77		5,677			
78		6,201			
79		6,774			
80		7,399			
81		7,868			
82		8,366			
83		8,896			
84		9,459			
85		10,058			

State: Virginia
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Filing Company: The Prudential Insurance Company of America

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA - Certification of Compliance - 9-4-2014.pdf
Item Status:	Received & Acknowledged
Status Date:	09/09/2014

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Act Memo - Revised Rates GLTC3 (VA post-stability) rev 02.13.2018.pdf VA GLTC3 Post RS Appendices.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA - Readability Certification Form - 9-4-2014.pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115128).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 115279).pdf VA - READABILITY COMPLIANCE CERTIFICATION (GRP 99922).pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 1 - Mortality Details - 9-2014.pdf VA - Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender - 6-2015.pdf Appendix C - Exhibit 1 - Mortality Details v2.pdf
Item Status:	Received & Acknowledged
Status Date:	03/09/2017

Satisfied - Item:	Appendix C - Exhibit 2 - Lapse Analysis Details
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 2 - Lapse Analysis Details - 9-2014.pdf Appendix C - Exhibit 2 - Lapse Analysis Details v2.pdf
Item Status:	Received & Acknowledged
Status Date:	03/09/2017

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	Appendix C - Exhibit 3 - Morbidity Details - By Gender
Comments:	
Attachment(s):	VA - Appendix C - Exhibit 3 - Morbidity Details - 9-2014.pdf VA - Appendix C - Exhibit 3 - Morbidity Details - By Gender - 6-2015.pdf Appendix C - Exhibit 3 - Morbidity Details v2.pdf
Item Status:	Received & Acknowledged
Status Date:	03/09/2017

Satisfied - Item:	Appendix D - Persistency - Group
Comments:	
Attachment(s):	VA - Appendix D - Persistency - Group - 9-2014.pdf Appendix D - Persistency - Group v2.pdf
Item Status:	Received & Acknowledged
Status Date:	03/09/2017

Satisfied - Item:	Appendix E - DOB - Large Group
Comments:	
Attachment(s):	VA - Appendix E - DOB - 9-2014.pdf VA - Appendix E - DOB - Large Group - 6-2015.xls Appendix E - DOB v2.pdf
Item Status:	Received & Acknowledged
Status Date:	03/09/2017

Satisfied - Item:	Letter of Response addressing Dept issues of 9/17/2014 and 3/31/2015
Comments:	
Attachment(s):	VA - Letter of Response (Addressing Dept Objections of 9-17-14 & 3-31-15) - 6-24-2015.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	LTC Rate Summary Form and LTC Rate Summary Narrative
Comments:	
Attachment(s):	VA - LTC Rate Summary Request - 02-28-2018.pdf VA - LTC Rate Summary Narrative - 2-28-2018.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	GRP 99922 - Confirmation Statement
Comments:	This form was previously reviewed and approved by the Department on May 8, 2002.

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State: Virginia **Filing Company:** The Prudential Insurance Company of America
TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Attachment(s):	GRP 99922 - GLTC-3 Confirmation Form (Sample Copy).pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	Confirmation Notice (GRP 99922) Correspondence
Comments:	This form has been relocated to the Forms Tab of this filing.
Attachment(s):	VA - Letter of Objection - 4-5-2002.pdf VA - Letter of Approval - 5-8-2002.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Appendix A
Comments:	
Attachment(s):	VA - Appendix A - 7-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	Products Summary
Comments:	
Attachment(s):	VA - Products_Summary - 7-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	Representative Cells
Comments:	
Attachment(s):	VA - Representative Cells - 7-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	State Disposition Chart
Comments:	
Attachment(s):	GLTC-3 & 3.5 Round 4 State Disposition Chart - 7-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	Letter of Response - 7-6-2016
Comments:	

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Attachment(s):	VA - Letter of Response addressing Dept issues of 8-14-2015 - 7-6-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2016

Satisfied - Item:	Frequently Asked Questions Relating to Premium Increase Disclosure Form
Comments:	Relocated to the Forms Schedule Tab as form GRP 115279.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Letter of Response 11-9-2016
Comments:	
Attachment(s):	VA - Letter of Response -11-9-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	12/06/2016

Satisfied - Item:	Manual of Variable Language
Comments:	
Attachment(s):	Manual of Variable Language - File Copy - 3-4-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Letter of Response - 12-16-2016
Comments:	
Attachment(s):	VA - Letter of Response - 12-16-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	01/04/2017

Satisfied - Item:	Letter of Response - 3-9-2017
Comments:	
Attachment(s):	VA - Letter of Response - 3-9-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Letter of Response - 5-2-2017
Comments:	
Attachment(s):	VA - Letter of Response - 5-2-2017.pdf

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Appendix C - Description of Experience Analysis and Assumption Setting
Comments:	
Attachment(s):	Appendix C - Description of Experience Analysis and Assumption Setting.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	GLTC-3 - Statutory Valuation Rate Exhibit
Comments:	
Attachment(s):	GLTC3 - Statutory Valuation Rate Exhibit.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	GLTC-3 Exhibit 1a Projections
Comments:	
Attachment(s):	VA GLTC3 Exhibit 1a Projections.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	Original Pricing With Actual DOB
Comments:	
Attachment(s):	Original Pricing with Actual DOB.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	GLTC-3 Lapse Experience by Segment
Comments:	
Attachment(s):	VA GLTC3 Lapse Experience by Segment.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017

Satisfied - Item:	GLTC-3 Since Inception Projections
Comments:	
Attachment(s):	VA GLTC3 Since Inception Projections.pdf
Item Status:	Received & Acknowledged

State: Virginia Filing Company: The Prudential Insurance Company of America
 TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: GLTC-3 & 3.5 Re-Rate/3395

Status Date:	06/15/2017
Satisfied - Item:	GLTC-3 State Disposition Chart - 4-2017
Comments:	
Attachment(s):	VA GLTC3 State Disposition Chart 04-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	06/15/2017
Satisfied - Item:	Advanced Notification Letters - John Doe Samples of 2nd and 3rd year Implementation Phases
Comments:	
Attachment(s):	GRP 115128 - VA Policyholder Advance Notification Letter (File Copy) - 8-9-2018.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019
Satisfied - Item:	Letter of Response addressing the Department's Note to Filer and Letter dated 7/14/2017 & 7/17/2017
Comments:	
Attachment(s):	VA - Letter of Response - 8-18-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	10/19/2017
Satisfied - Item:	Letter of Response - 8-23-2017
Comments:	
Attachment(s):	VA - Letter of Response - 8-23-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	10/19/2017
Satisfied - Item:	Letter of Response - 10-17-2017
Comments:	
Attachment(s):	VA - Letter of Response - 10-17-2017.pdf
Item Status:	Pending for Information
Status Date:	10/19/2017
Satisfied - Item:	Current Rate Pages (VA)
Comments:	
Attachment(s):	Current Rate Pages (VA).pdf
Item Status:	Received & Acknowledged
Status Date:	10/19/2017

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Satisfied - Item:	Letter of Response - 12-1-2017
Comments:	
Attachment(s):	VA - Letter of Response - 12-1-2017.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Change Request Form
Comments:	
Attachment(s):	VA - Change Request Form - 9-2018 - File Copy.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Letter of Response - 4-25-2018
Comments:	
Attachment(s):	VA - Letter of Response - 4-25-2018.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	Letter of Response - 8-2-2018
Comments:	
Attachment(s):	VA - Letter of Response (GLTC-3) - 8-2-2018.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

Satisfied - Item:	GRP 115128 - Advanced Notification Letter - "John Doe" version
Comments:	
Attachment(s):	GRP 115128 - John Doe (Multiple Years) File Copy - 3-4-2019.pdf
Item Status:	Received & Acknowledged
Status Date:	06/05/2019

SERFF Tracking #:

PRUD-129708969

State Tracking #:

PRUD-129708969

Company Tracking #:

IIGHGLTC3RATE-RP-VA

State:

Virginia

Filing Company:

The Prudential Insurance Company of America

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

Group Long Term Care Insurance

Project Name/Number:

GLTC-3 & 3.5 Re-Rate/3395

Attachment VA - Appendix E - DOB - Large Group - 6-2015.xls is not a PDF document and cannot be reproduced here.

Virginia Certification of Compliance

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.



Signature

Malcolm A. Cheung
Print Name

September 4, 2014
Date

Vice President and Actuary
Title

April 25, 2018

Actuarial Memorandum Supporting Rate Revision for
The Prudential Insurance Company of America
Group Long-Term Care Insurance Plan
Virginia – Policies issued on or after 10/01/2003

1. Scope and Purpose

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for the following The Prudential Insurance Company of America's Tax-Qualified group long-term care Forms and their associated riders:

<u>Product Name</u>	<u>Form Number</u>
GLTC3	83500 BFW 5013 (et al)

Some riders may not be available in all states. This rate filing is not intended to be used for other purposes.

This product was first available nationwide in 2002. While we are no longer actively marketing this coverage to new groups in any state, due to contractual obligations this coverage is still being offered on a very limited basis to several of our existing group long-term care clients.

GLTC3 was developed and filed under the rate stabilization requirements established in the 2000 LTC NAIC Model Regulation. Our current best estimate assumptions have exceeded the margin for moderately adverse conditions as set in the initial premium rate filing. Further, the rate increase being requested meets the 58/85 loss ratio test established in the 2000 LTC NAIC Model Regulation.

Prudential is filing for premium rate increases in each state where policies of these forms were issued.

Upon approval of this rate revision, Prudential will communicate to certificate holders their options to reduce the impact of the rate increase. There will be opportunities for almost all certificate holders to keep the premium at or below the level that the certificate holder was paying prior to the rate revision. These options may include increasing the elimination period, reducing the lifetime maximum, reducing the daily benefit and eliminating optional riders. In addition, the contingent non-forfeiture benefit will be available for all certificate holders regardless of their age or rate increase amount.

State specific information can be found in the Appendices included in this filing.

**Actuarial Memorandum Supporting Rate Revisions for
The Prudential Insurance Company of American
Group Long-Term Care Insurance Product
April 25, 2018**

Please refer to Section 20 for a description of the information contained in each Appendix.

2. Description of Benefits

The policies issued on this form are referred to as the “GLTC3” product series. This plan was a Guaranteed Renewable, Group Long-Term Care policy that were issued to eligible active employees and retirees of employer groups and eligible members of association groups. In addition, coverage was offered to spouses, surviving spouses, parents, parents-in-law, grandparents, and adult children age 18 and older and their spouses of eligible active employees/retirees and members in these groups, or otherwise qualified adults.

This product provides comprehensive long-term care coverage for care received in a nursing home, assisted living facility, home and community-based care or hospice 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 benefit waiting / elimination period, daily or monthly maximum benefit amount for nursing home, assisted living facility and home and community care, lifetime maximum benefit period and inflation protection option are selected by at issue. The Group client selects a limited number of benefit choices for their employees to choose from. Several optional riders were also available. The available choices can be found in the attached premium rate tables.

The benefit eligibility criteria are based on the insured’s loss of the ability to perform 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.

3. Renewability Clause

These products are Guaranteed Renewable, Group Long-Term Care policies.

4. Applicability

The premium increase contained in this memorandum will be applicable to all certificate holders of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The revised premium rate schedules can be found in Appendix F. For some groups where coverage was transferred from another carrier or entity the current premium rates

**Actuarial Memorandum Supporting Rate Revisions for
The Prudential Insurance Company of American
Group Long-Term Care Insurance Product
April 25, 2018**

were based on the previous rate schedule (or a multiple of this schedule) as described in an addendum to the original GLTC3 Actuarial Memorandum previously filed and approved in each state. For these groups the rate increase will be applied to those premium rates.

5. 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. The current assumptions are Prudential's best estimate expectations of future experience and do not include any provisions for adverse experience. These assumptions are the basis for the assumptions being used in the company's internal cash flow testing.

Morbidity

The best estimate morbidity assumptions were developed based on a combination of the Prudential's historical claim experience, the Milliman 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, 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 2036. 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 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 and start at 0.74 in duration 1 and grade up to an ultimate factor of 1 by duration 30. The ultimate factor grades to 1 for all issue age ranges by duration 30. Mortality improvement of 0.6% per year through 2036 is assumed. The assumptions do not include any steepening factors or loads for moderately adverse experience.

Lapses

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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. Separate shock lapse assumptions were considered and applied. Based on our prior experience, no claims anti-selection was assumed in this filing. Lapse rates are shown below and vary by policy duration.

Voluntary Lapse Rates	
Duration	Rate
1	8.20%
2	5.70%
3	4.00%
4	2.90%
5	2.40%
6	2.40%
7	2.30%
8	1.70%
9	1.60%
10	1.40%
11	1.40%
12	1.20%
13	1.20%
14	1.20%
15	1.10%
16	1.00%
17	1.00%
18	0.90%
19	0.90%
20	0.90%
21 +	0.70%

For “Core” business, where the employer pays for the coverage, the lapse rate is 24.1% and grades to an ultimate rate of 0.7% by attained age 65.

Core Voluntary Lapse Rates

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Duration	Rate
1	24.10%
2	24.10%
3	16.80%
4	14.00%
5	10.90%
6	10.90%
7	10.90%
8	8.20%
9	8.20%
10	6.70%
11	5.10%
12 +	5.00%

For one specific large group, based on the credible experience of that group, the lapse rate is 4.5% and grades to an ultimate rate of 0.7% by attained age 65.

Large Group Voluntary Lapse Rates	
Duration	Rate
1	4.50%
2	2.10%
3	1.50%
4	1.30%
5	1.20%
6 to 7	1.00%
8 +	0.70%

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 4.0% was used to calculate the lifetime loss ratio in the supporting appendices. This was determined based the predominant number of certificates issued in years that the maximum statutory valuation rate was 4.0%.

Expenses

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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.

6. Issue Age Range

This product was available for issue ages up to 85. Premiums are based on issue age.

7. Area Factors

The Company did not use area factors within the state in the premium scale for this product.

8. 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.

9. 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.

10. 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.

11. 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.

12. Trend Assumption

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Benefits payable are equal to or less than the daily or monthly benefit limit. We have not included any medical trend in the projections.

13. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

Prudential is requesting a 40% premium increase, that will be taken over a two-year period. The first increase will be 18.3% followed by a second increase of 18.3% one year later.

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.

14. 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 September 30, 2013 to project future experience. Appendix E contains the distribution of the inforce policies by key demographic and benefit characteristics.

15. Experience - Past and Future

The historical and projected nationwide experience, both with and without the rate increase, is contained in Appendix B. For several groups Prudential replaced another insurer and reserves were transferred from the other insurer to Prudential. Those reserves were added to the historical premium in the year of the transfer. Any premium and claims prior to the transfer is not included.

The historical and projected experience for this state, both with and without the rate increase, is contained in Appendix G.

Historical experience is shown by claim incurral year.

16. Lifetime Loss Ratio

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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.

The rate increase is assumed effective July 1, 2017

17. History of Rate Adjustments

There have been no previous rate increases on inforce policyholders with this policy form.

18. Number of Policyholders

The current number of policyholders as of June 30, 2016 can be found in Appendix A.

19. 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 July 1, 2017

20. 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 certificate holders 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. Projections include a 10% moderately adverse load to the future incurred claims.

Appendix C contains a description of the experience studies conducted on the Company actual experience.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and the current assumptions.

Appendix E contains the distribution of the inforce policies by key demographic and benefit

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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.

21. Relationship of Renewal Premium to New Business Premium.

Prudential is no longer marketing Long-Term Care to Group clients. Therefore, the comparison of renewal premium rates after the rate increase to the Company's current new business premium rate schedule is not applicable.

22. 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 this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions.

The policy design and coverages, the underwriting used at the time of issue, and the claim adjudication process were all considered when setting the actuarial assumptions.

In forming my opinion, I have used actuarial assumptions and actuarial methods as I considered necessary. I have relied on projection information provided by Dan Nitz, FSA, MAAA. He is an Actuary at Milliman who used data and assumptions that were developed and supplied by Prudential in developing these projections. The pricing assumptions are consistent with Prudential's best estimates at the time of this filing and include a 10% margin for adverse experience to future incurred claims.

The premium rates are not excessive or unfairly discriminatory. If the 40% 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.

If the current pricing assumptions deteriorate beyond the 10% margin for adverse deviation, Prudential may need to file for additional in-force premium increases on these forms in the

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future.



Keith Burns, ASA, MAAA
VP & Actuary
April 25, 2018

Appendix C
The Prudential Insurance Company of America
Description of Experience Analysis and Assumption Setting

Mortality Study

A mortality study was conducted on the Company's actual experience on its entire block of long term care business. In general, the best estimate mortality assumptions are based on the 2012

IAM Basic table on an Age Last Birthday (ALB) basis table with mortality selection factors and mortality improvement. The mortality study period is from 2006 - 2014 (with death reported through 6/30/2015). Actual deaths were determined by comparing insureds against the Social Security Administration's Death Master File (DMF). A terminated policy is considered a death if it matched the DMF or was coded as "Death" in the administrative system. Otherwise, the terminated policy is considered a voluntary lapse (if it did not exhaust benefits).

The future expected mortality assumptions were developed based on the 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. selection factors. Mortality selection factors were developed by issue age, duration, and product type to best match our actual experience using the mortality table as a base. Additionally, we included mortality improvement of 0.6% per year from 2012 through 2036.

Appendix C, Exhibit 1 contains the comparison of actual experience through June 30, 2016 to the current mortality assumptions. The Exhibit shows total lives, total terminations (both voluntary lapse and actual deaths), actual deaths, expected deaths and the resulting mortality rates. Experience is shown by policy duration and attained age. Since the current mortality assumptions reasonably match the historical actual experience, the assumptions are reasonable to use to project the inforce into the future.

Voluntary Lapse Study

A voluntary lapse study was also conducted on the Company's actual experience using data through June 30, 2015. Voluntary lapse rates were calculated based on actual lapses. The future expected voluntary lapse assumptions were developed based on the historical actual experience and judgment. The expected lapse rates vary by policy duration and select business segments.

Appendix C, Exhibit 2 contains the comparison of actual lapse experience through June 30, 2016 to the current assumptions. The Exhibit shows total lives, total terminations (both voluntary lapse and actual deaths) and actual mortality rate. The voluntary lapse rates are shown as described above, as actual lapses. Since the current voluntary lapse assumptions reasonably match the historical actual experience, the assumptions are reasonable to use to project the inforce into the future.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

Morbidity Study

A morbidity study was also conducted on the Company's nationwide actual experience on incurred claims through Dec 31, 2014 with claims paid through June 30, 2015. 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 of developing the fitting factors was to match historical incurred claims to expected incurred claims.

A claim is based on Prudential's data using Prudential's data field "Date First Eligible" (DFE). Each unique DFE is used to identify a claim. Actual claim incidence is determined by counting each claim. Paid claims are discounted (using an interest rate of 4.0% in the appendices) back to the claim incurred date. The claim reserves are discounted from valuation date to the claim incurred date using a 4.0% discount rate. Both paid claims and claim reserves have a 4.5% load applied to reflect waiver of premium. The claim reserves do not include an LAE load or an explicit margin. The IBNR is provided by Prudential at the claim level. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves (including IBNR). Actual average claim severity is calculated by dividing actual incurred claims by the count of claims. In the morbidity study, waiver of premium is 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. Included in the baseline, was a 1% per year morbidity improvement in the historical expected claims, with 2014 as the assumed base year. This morbidity improvement is assumed to continue until 2036. 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 did involve cycling back to prior steps. Also, the credibility of each specific segment was considered, along with judgment in setting the specific fitting factors.

Appendix C, Exhibit 3 contains the comparison of actual claim experience through June 30, 2016 to the current assumptions by calendar year, policy duration and attained age.

Appendix A
The Prudential Insurance Company of America
GLTC3
Policies issued on or after 10/01/2003

Virginia

Requested Rate Increase for All Policies = 40.0%

10 Average Annual Premium

	Virginia	Nationwide
Without Increase	\$1,147	\$1,247
With Increase	\$1,605	\$1,746

15 Satisfaction of Loss Ratio Requirements

Rate Stability Requirement

1) Total Incurred Claims		2,758,453,589
58% of initial premium	1,337,118,600	
85% of increased premium	336,282,432	
2) Sum of 58%/85% Premium		1,673,401,033
Is 1 greater than 2?		Yes

18 Lifetime Loss Ratio

Policy type	Without Increase	With Increase
Policies issued on or after 10/01/2003	123%	102%

19 History of Rate Adjustments

No prior rate increases

20 Number of Policyholders and Annualized Premium as of June 30, 2016

Policy Type	Virginia	Nationwide
Policies issued on or after 10/01/2003	3,913	90,596

Policy Type	Virginia	Nationwide
Policies issued on or after 10/01/2003	\$4,486,339	\$112,967,039

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - Policies issued on or after 10/01/2003
Virginia Rate Basis
GLTC3

Historical

Calendar Year	Earned Premium	Reserve Transfer	Earned Premium + Reserve Transfer	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	0	0	0	0	0	0	0%
2003	51,641	0	51,641	0	0	0	0%
2004	5,857,563	0	5,857,563	1,557,047	142,872	1,699,919	29%
2005	16,280,706	0	16,280,706	2,142,641	341,746	2,484,387	15%
2006	19,710,711	0	19,710,711	2,782,238	101,141	2,883,379	15%
2007	30,017,961	0	30,017,961	5,827,302	897,943	6,725,245	22%
2008	48,277,010	58,068,452	106,345,462	9,174,429	1,771,174	10,945,603	10%
2009	77,165,568	72,535,984	149,701,552	16,187,707	4,248,123	20,435,831	14%
2010	89,468,540	33,989,821	123,458,361	21,318,534	5,267,064	26,585,598	22%
2011	95,525,644	0	95,525,644	22,945,446	6,957,737	29,903,183	31%
2012	95,243,684	651,816	95,895,500	22,134,696	9,271,913	31,406,609	33%
2013	105,793,235	0	105,793,235	20,879,599	15,144,080	36,023,679	34%
2014	93,935,291	0	93,935,291	15,842,908	25,043,751	40,886,658	44%
2015	98,291,935	0	98,291,935	8,905,823	44,122,757	53,028,580	54%
2016*	49,332,231	0	49,332,231	491,925	35,676,574	36,168,499	73%

Projections without Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016**	49,033,631	25,478,195	52%
2017	95,946,616	53,710,765	56%
2018	93,178,786	57,649,087	62%
2019	90,439,503	61,863,107	68%
2020	87,710,762	66,296,668	76%
2021	84,982,600	71,006,151	84%
2022	82,247,700	76,059,502	92%
2023	79,499,561	81,409,645	102%
2024	76,739,484	87,097,634	113%
2025	73,970,786	93,139,852	126%
2026	71,189,084	99,519,322	140%
2027	68,393,078	106,209,605	155%
2028	65,584,239	113,190,873	173%
2029	62,761,842	120,408,836	192%
2030	59,925,088	127,765,434	213%
2031	57,071,422	135,132,068	237%
2032	54,202,303	142,382,142	263%
2033	51,319,903	149,431,962	291%
2034	48,429,738	156,152,495	322%
2035	45,540,087	162,283,969	356%
2036	42,661,686	167,670,315	393%
2037	39,802,033	173,122,234	435%
2038	36,969,522	178,476,960	483%
2039	34,183,076	182,943,698	535%
2040	31,461,058	186,331,169	592%
2041	28,819,416	188,500,564	654%
2042	26,273,635	189,629,430	722%
2043	23,836,459	189,542,481	795%
2044	21,520,293	188,331,154	875%
2045	19,333,257	186,006,380	962%
2046	17,281,734	182,624,997	1057%
2047	15,370,572	178,172,005	1159%
2048	13,602,232	172,726,965	1270%
2049	11,978,072	166,412,737	1389%
2050	10,496,186	159,366,407	1518%
2051	9,152,951	151,758,121	1658%
2052	7,943,526	143,651,293	1808%
2053	6,861,379	135,194,474	1970%
2054	5,899,720	126,712,628	2148%
2055 and later	31,194,670	1,277,870,513	4096%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016**	49,033,631	25,478,195	52%
2017	106,359,079	52,678,493	50%
2018	120,134,763	54,436,442	45%
2019	117,334,909	58,270,736	50%
2020	113,794,680	62,408,146	55%
2021	110,255,202	66,799,249	61%
2022	106,706,981	71,508,124	67%
2023	103,141,585	76,490,045	74%
2024	99,560,702	81,783,721	82%
2025	95,968,632	87,404,783	91%
2026	92,359,692	93,337,118	101%
2027	88,732,195	99,555,988	112%
2028	85,088,047	106,042,565	125%
2029	81,426,310	112,745,874	138%
2030	77,745,946	119,574,680	154%
2031	74,043,641	126,408,768	171%
2032	70,321,288	133,130,122	189%
2033	66,581,703	139,660,981	210%
2034	62,832,045	145,881,011	232%
2035	59,083,053	151,548,506	257%
2036	55,348,657	156,518,115	283%
2037	51,638,584	161,547,242	313%
2038	47,963,725	166,484,359	347%
2039	44,348,631	170,591,842	385%
2040	40,817,123	173,692,460	426%
2041	37,389,895	175,657,933	470%
2042	34,087,036	176,654,997	518%
2043	30,925,079	176,521,311	571%
2044	27,920,119	175,342,958	628%
2045	25,082,690	173,131,063	690%
2046	22,421,073	169,939,131	758%
2047	19,941,558	165,754,090	831%
2048	17,647,340	160,650,393	910%
2049	15,540,177	154,742,591	996%
2050	13,617,601	148,158,620	1088%
2051	11,874,906	141,056,769	1188%
2052	10,305,816	133,496,064	1295%
2053	8,901,855	125,614,458	1411%
2054	7,654,211	117,713,513	1538%
2055 and later	40,471,516	1,185,929,371	2930%

* Historical 2016 Experience - 1/1/2016 through 6/30/2016

** Projected 2016 Experience - 7/1/2016 through 12/31/2016

*** Projections include 10% moderately adverse load to incurred claims

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2016	1,206,232,537	345,440,128	29%	1,206,232,537	345,440,128	29%
Present Value of Future to 6/30/2016	1,177,237,717	2,578,913,458	219%	1,494,770,751	2,413,013,461	161%
Total Values (Discounted at 4.0%)	2,383,470,254	2,924,353,586	123%	2,701,003,288	2,758,453,589	102%
Projected Loss Ratio without Rate Increase			123%	Projected Loss Ratio with Rate Increase		102%
Minimum Lifetime Loss Ratio			60%			

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - Policies issued on or after 10/01/2003
GLTC3

Historical

Calendar Year	Earned Premium	Reserve Transfer	Earned Premium + Reserve Transfer	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	0	0	0	0	0	0	0%
2003	3,123	0	3,123	0	0	0	0%
2004	284,866	0	284,866	0	0	0	0%
2005	732,582	0	732,582	2,340	0	2,340	0%
2006	912,230	0	912,230	272,974	0	272,974	30%
2007	1,249,171	0	1,249,171	374,413	0	374,413	30%
2008	1,657,656	910,362	2,568,018	5,052	0	5,052	0%
2009	2,534,055	5,666,382	8,200,437	1,050,523	303,659	1,354,182	17%
2010	3,758,521	362,094	4,120,615	929,362	94,869	1,024,231	25%
2011	3,831,523	0	3,831,523	562,884	10,215	573,099	15%
2012	3,857,877	63,028	3,920,905	375,011	191,773	566,784	14%
2013	4,166,047	0	4,166,047	520,761	431,127	951,888	23%
2014	4,280,302	0	4,280,302	519,393	1,051,025	1,570,419	37%
2015	4,482,525	0	4,482,525	192,504	1,161,044	1,353,547	30%
2016*	2,173,959	0	2,173,959	35,462	1,068,719	1,104,182	51%

Projections without Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016**	2,171,264	822,907	38%
2017	4,257,796	1,751,870	41%
2018	4,148,780	1,909,117	46%
2019	4,041,456	2,085,918	52%
2020	3,934,971	2,277,722	58%
2021	3,828,745	2,485,785	65%
2022	3,722,138	2,718,980	73%
2023	3,614,392	2,974,121	82%
2024	3,505,969	3,254,768	93%
2025	3,396,685	3,559,897	105%
2026	3,286,105	3,891,269	118%
2027	3,173,640	4,247,507	134%
2028	3,059,355	4,624,806	151%
2029	2,942,855	5,022,146	171%
2030	2,823,913	5,432,992	192%
2031	2,702,537	5,856,338	217%
2032	2,578,367	6,281,778	244%
2033	2,451,590	6,701,515	273%
2034	2,322,829	7,105,773	306%
2035	2,192,783	7,483,040	341%
2036	2,062,029	7,831,869	380%
2037	1,930,945	8,180,793	424%
2038	1,800,034	8,513,128	473%
2039	1,670,177	8,799,813	527%
2040	1,542,390	9,026,527	585%
2041	1,417,510	9,194,277	649%
2042	1,296,260	9,286,505	716%
2043	1,179,397	9,304,332	789%
2044	1,067,601	9,261,527	868%
2045	961,450	9,166,279	953%
2046	861,322	9,022,649	1048%
2047	767,572	8,811,555	1148%
2048	680,501	8,551,947	1257%
2049	600,224	8,243,322	1373%
2050	526,764	7,907,573	1501%
2051	459,964	7,551,362	1642%
2052	399,669	7,161,210	1792%
2053	345,686	6,771,809	1959%
2054	297,731	6,378,779	2142%
2055 and later	1,609,938	67,699,013	4205%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016**	2,171,264	822,907	38%
2017	4,719,867	1,716,821	36%
2018	5,348,993	1,798,880	34%
2019	5,243,327	1,960,734	37%
2020	5,105,175	2,139,988	42%
2021	4,967,359	2,334,289	47%
2022	4,829,048	2,551,954	53%
2023	4,689,260	2,789,959	59%
2024	4,548,594	3,051,649	67%
2025	4,406,810	3,336,056	76%
2026	4,263,346	3,644,787	85%
2027	4,117,435	3,976,529	97%
2028	3,969,164	4,327,707	109%
2029	3,818,017	4,697,375	123%
2030	3,663,704	5,079,433	139%
2031	3,506,233	5,472,958	156%
2032	3,345,136	5,868,206	175%
2033	3,180,657	6,257,934	197%
2034	3,013,605	6,633,013	220%
2035	2,844,885	6,982,725	245%
2036	2,675,246	7,305,778	273%
2037	2,505,181	7,628,807	305%
2038	2,335,338	7,936,278	340%
2039	2,166,863	8,201,080	378%
2040	2,001,075	8,409,929	420%
2041	1,839,057	8,563,836	466%
2042	1,681,749	8,647,443	514%
2043	1,530,133	8,661,813	566%
2044	1,385,090	8,619,800	622%
2045	1,247,371	8,529,074	684%
2046	1,117,466	8,393,457	751%
2047	995,837	8,195,258	823%
2048	882,873	7,952,095	901%
2049	778,722	7,663,519	984%
2050	683,416	7,349,901	1075%
2051	596,751	7,017,459	1176%
2052	518,524	6,653,687	1283%
2053	448,488	6,290,793	1403%
2054	386,272	5,924,705	1534%
2055 and later	2,088,710	62,818,797	3008%

* Historical 2016 Experience - 1/1/2016 through 6/30/2016

** Projected 2016 Experience - 7/1/2016 through 12/31/2016

*** Projections include 10% moderately adverse load to incurred claims

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2016	49,658,513	10,677,860	22%	49,658,513	10,677,860	22%
Present Value of Future to 6/30/2016	54,278,967	114,768,760	211%	68,977,099	107,200,255	155%
Total Values (Discounted at 4.0%)	103,937,480	125,446,620	121%	118,635,612	117,878,115	99%
Projected Loss Ratio without Rate Increase			121%	Projected Loss Ratio with Rate Increase		99%

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 **Personal Worksheet**

Policy Form Number **GRP 115118**

I hereby certify that the Flesch reading ease score of the above policy form is 61.5. The type size of the text of the policy form is 12 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

Malcolm A. Cheung

Name (Print)

Title: Vice President and Actuary

Date: September 4, 2014

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 Advance Notification Letter

Policy Form Number: GRP 115828

I hereby certify that the Flesch reading ease score of the above policy form is 41.8. It contains 97 sentences and 2,461 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: 2017.08.07 11:35:51 -0400

Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA Name (Print)

Vice President and Actuary Title

August 7, 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 115279

I hereby certify that the Flesch reading ease score of the above policy form is 40.3. It contains 38 sentences and 748 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: 2017.08.07 11:32:34 -04'00'

Signature of an Officer of the Insurer

Keith Burns, ASA, MAAA Name (Print)

Vice President and Actuary Title

August 7, 2017 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer: **The Prudential Insurance Company of America**

Title of Form: **Policyholder Advance Notification Letter**

Policy Form Number: **GRP 99922**

I hereby certify that the Flesch reading ease score of the above policy form is **45.5**. It contains **9** sentences and **293** 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

November 14, 2018 Date

**Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Policy Duration
GLTC3**

Policy Duration	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
1 - 3	185,468	15,066	397	325	0.21%	0.18%	122%
4 - 6	122,960	4,264	315	324	0.26%	0.26%	97%
7 - 9	68,192	1,522	268	265	0.39%	0.39%	101%
10 - 12	50,399	887	242	275	0.48%	0.54%	88%
13 +	151,403	2,772	1,606	1,749	1.06%	1.16%	92%
Total	578,423	24,511	2,828	2,937	0.49%	0.51%	96%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the Annuity 2000 Table, mortality selection factors, steepening factors, and 0.6% improvement per year from year 2000.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

**Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Attained Age
GLTC3**

Attained Age	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
<49	158,138	12,399	117	102	0.07%	0.06%	115%
50-54	90,605	3,444	164	141	0.18%	0.16%	116%
55-59	104,051	3,185	272	246	0.26%	0.24%	111%
60-64	95,189	2,242	382	352	0.40%	0.37%	109%
65-69	59,226	1,132	363	385	0.61%	0.65%	94%
70-74	33,249	644	386	387	1.16%	1.16%	100%
75-79	20,770	525	371	434	1.79%	2.09%	85%
80-84	11,736	520	424	453	3.61%	3.86%	94%
85-89	4,493	318	263	310	5.85%	6.90%	85%
90+	966	102	86	127	8.91%	13.15%	68%
Total	578,423	24,511	2,828	2,937	0.49%	0.51%	96%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the Annuity 2000 Table, mortality selection factors, steepening factors, and 0.6% improvement per year from year 2000.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

**Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Calendar Year - Total
GLTC3**

Calendar Year	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
2002	2,781	122	7	6	0.25%	0.21%	122%
2003	5,968	192	20	16	0.34%	0.27%	122%
2004	14,128	529	25	46	0.18%	0.33%	54%
2005	19,000	859	44	61	0.23%	0.32%	72%
2006	25,459	967	75	78	0.29%	0.31%	96%
2007	40,682	1,936	131	147	0.32%	0.36%	89%
2008	75,665	4,109	302	304	0.40%	0.40%	99%
2009	100,798	4,552	505	491	0.50%	0.49%	103%
2010	107,767	4,495	580	610	0.54%	0.57%	95%
2011	107,324	4,139	611	662	0.57%	0.62%	92%
2012	74,785	2,611	528	507	0.71%	0.68%	104%
Total	574,357	24,511	2,828	2,929	0.49%	0.51%	97%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the Annuity 2000 Table, mortality selection factors, steepening factors, and 0.6% improvement per year from year 2000.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

**Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Calendar Year - Male
GLTC3**

Calendar Year	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
2002	1,137	53	6	3	0.53%	0.29%	181%
2003	2,743	97	15	10	0.55%	0.37%	147%
2004	6,875	266	16	29	0.23%	0.43%	55%
2005	8,989	411	23	38	0.26%	0.42%	60%
2006	12,256	451	43	49	0.35%	0.40%	88%
2007	19,094	998	77	89	0.40%	0.46%	87%
2008	34,694	2,192	163	178	0.47%	0.51%	91%
2009	45,097	2,125	298	276	0.66%	0.61%	108%
2010	48,166	2,233	304	335	0.63%	0.70%	91%
2011	48,087	2,120	323	362	0.67%	0.75%	89%
2012	33,081	1,227	287	276	0.87%	0.83%	104%
Total	260,220	12,173	1,555	1,646	0.60%	0.63%	94%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the Annuity 2000 Table, mortality selection factors, steepening factors, and 0.6% improvement per year from year 2000.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Calendar Year - Female
GLTC3

Calendar Year	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
2002	1,644	69	1	2	0.06%	0.15%	42%
2003	3,225	95	5	6	0.16%	0.19%	81%
2004	7,253	263	9	17	0.12%	0.24%	53%
2005	10,010	448	21	23	0.21%	0.23%	91%
2006	13,203	516	32	29	0.24%	0.22%	109%
2007	21,588	938	54	58	0.25%	0.27%	93%
2008	40,971	1,917	139	126	0.34%	0.31%	111%
2009	55,701	2,427	207	214	0.37%	0.38%	97%
2010	59,601	2,262	276	275	0.46%	0.46%	100%
2011	59,238	2,019	288	301	0.49%	0.51%	96%
2012	41,704	1,384	241	231	0.58%	0.55%	104%
Total	314,138	12,338	1,273	1,283	0.41%	0.41%	99%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the Annuity 2000 Table, mortality selection factors, steepening factors, and 0.6% improvement per year from year 2000.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

**Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Policy Duration
GLTC3**

Policy Duration	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
1 - 3	203,536	18,171	446	453	0.22%	0.22%	98%
4 - 6	174,703	6,747	520	539	0.30%	0.31%	97%
7 - 9	134,147	3,507	534	566	0.40%	0.42%	94%
10 - 12	97,289	1,757	526	591	0.54%	0.61%	89%
13 - 15	64,044	1,109	455	532	0.71%	0.83%	86%
16 - 18	51,834	1,037	563	554	1.09%	1.07%	102%
19 - 21	61,225	1,288	830	835	1.36%	1.36%	99%
22 +	80,549	2,128	1,543	1,503	1.92%	1.87%	103%
Total	867,327	35,744	5,417	5,572	0.62%	0.64%	97%

Notes:

- 1) Experience is through June 30, 2016.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumptions and uses the IAM 2012 ALB Table, with selection factors and 0.6% improvement per year.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

**Appendix C
Exhibit 1
The Prudential Insurance Company of America
Mortality Study
Experience by Attained Age
GLTC3**

Attained Age	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
<49	211,123	17,251	165	165	0.08%	0.08%	100%
50-54	123,994	4,704	247	220	0.20%	0.18%	112%
55-59	149,795	4,413	435	423	0.29%	0.28%	103%
60-64	145,852	3,179	601	701	0.41%	0.48%	86%
65-69	105,341	1,881	688	780	0.65%	0.74%	88%
70-74	61,697	1,153	719	723	1.17%	1.17%	100%
75-79	36,922	976	717	757	1.94%	2.05%	95%
80-84	21,316	1,038	856	825	4.02%	3.87%	104%
85-89	8,946	775	655	649	7.32%	7.26%	101%
90+	2,342	374	334	329	14.26%	14.06%	101%
Total	867,327	35,744	5,417	5,572	0.62%	0.64%	97%

Notes:

- 1) Experience is through June 30, 2016.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumptions and uses the IAM 2012 ALB Table, with selection factors and 0.6% improvement per year.
- 4) Total Terminations include Actual Deaths, Actual Lapses, and Actual Benefit Exhausts

Appendix C
Exhibit 2
Voluntary Lapse Study
The Prudential Insurance Company of America
Experience by Policy Duration
GLTC3

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	72,403	7,419	10.25%	0.16%	0.15%	10.1%	10.1%	9.9%
2	59,487	4,625	7.77%	0.22%	0.18%	7.6%	7.6%	6.9%
3	53,578	3,022	5.64%	0.28%	0.21%	5.4%	5.4%	4.9%
4	48,025	1,903	3.96%	0.23%	0.23%	3.7%	3.7%	3.9%
5	41,100	1,346	3.27%	0.24%	0.26%	3.0%	3.0%	3.3%
6	33,836	1,015	3.00%	0.31%	0.30%	2.7%	2.7%	2.9%
7	26,654	664	2.49%	0.36%	0.34%	2.1%	2.1%	2.6%
8	23,587	513	2.17%	0.38%	0.39%	1.8%	1.8%	2.5%
9	17,952	345	1.92%	0.46%	0.45%	1.5%	1.5%	2.4%
10	16,729	326	1.95%	0.41%	0.50%	1.5%	1.5%	2.3%
11	17,187	291	1.69%	0.49%	0.54%	1.2%	1.1%	1.8%
12	16,484	270	1.64%	0.54%	0.60%	1.1%	1.0%	1.7%
13	13,404	239	1.78%	0.69%	0.66%	1.1%	1.1%	1.6%
14	11,424	177	1.55%	0.67%	0.74%	0.9%	0.8%	1.0%
15	9,658	145	1.50%	0.89%	0.84%	0.6%	0.7%	1.0%
16	11,376	138	1.21%	0.57%	0.93%	0.6%	0.3%	1.0%
17	13,893	224	1.61%	0.81%	0.99%	0.8%	0.6%	1.0%
18	14,286	269	1.88%	1.14%	1.07%	0.7%	0.8%	1.0%
19	16,647	323	1.94%	1.18%	1.17%	0.8%	0.8%	1.0%
20	14,361	307	2.14%	1.23%	1.31%	0.9%	0.8%	1.0%
21	17,360	340	1.96%	1.32%	1.37%	0.6%	0.6%	1.0%
22	10,630	211	1.99%	1.26%	1.58%	0.7%	0.4%	1.0%
23	8,957	209	2.33%	1.45%	1.73%	0.9%	0.6%	1.0%
24	6,092	125	2.05%	1.63%	1.84%	0.4%	0.2%	1.0%
25	3,316	65	1.96%	1.36%	1.29%	0.6%	0.7%	1.0%
Total	578,423	24,511	4.24%	0.49%	0.51%			

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 2) Actual Deaths based on data received from Prudential
A terminated policy is considered a death if it was coded as "Death" in the administrative system or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the Annuity 2000 Table, mortality selection factors, steepening factors, and 0.6% improvement per year from year 2000.
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate minus the Actual Benefit Exhaust Rate.
Benefit Exhausts are included in the Total Terminations listed above but excluded from the Actual Voluntary Lapse Rates.
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate minus the Actual Benefit Exhaust Rate.
- 6) Current Voluntary Lapse Rate is the current projection assumption.
The lapse assumptions vary by segment. The current ultimate lapse rate starting in duration 14 is 1%.

Appendix C
Exhibit 2
Voluntary Lapse Study
The Prudential Insurance Company of America
Experience by Policy Duration
GLTC3

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	73,853	8,273	11.2%	0.2%	0.2%	11.0%	11.0%	12.0%
2	67,211	5,990	8.9%	0.2%	0.2%	8.7%	8.7%	9.4%
3	62,472	3,908	6.3%	0.3%	0.2%	6.0%	6.0%	6.3%
4	60,188	2,732	4.5%	0.3%	0.3%	4.3%	4.3%	4.6%
5	57,887	2,037	3.5%	0.3%	0.3%	3.2%	3.2%	3.4%
6	56,629	1,978	3.5%	0.3%	0.3%	3.2%	3.2%	3.2%
7	50,684	1,698	3.4%	0.4%	0.4%	3.0%	3.0%	3.0%
8	44,601	974	2.2%	0.4%	0.4%	1.8%	1.8%	2.1%
9	38,862	835	2.1%	0.5%	0.5%	1.7%	1.7%	1.7%
10	34,658	675	1.9%	0.5%	0.5%	1.4%	1.4%	1.4%
11	34,049	662	1.9%	0.6%	0.6%	1.4%	1.3%	1.3%
12	28,581	420	1.5%	0.5%	0.7%	0.9%	0.8%	1.1%
13	24,483	463	1.9%	0.7%	0.8%	1.2%	1.1%	1.1%
14	20,356	337	1.7%	0.6%	0.8%	1.0%	0.8%	1.1%
15	19,204	309	1.6%	0.8%	0.9%	0.8%	0.7%	1.0%
16	16,677	355	2.1%	1.0%	1.0%	1.1%	1.1%	0.9%
17	18,055	338	1.9%	1.0%	1.0%	0.9%	0.8%	0.9%
18	17,103	344	2.0%	1.2%	1.2%	0.8%	0.8%	0.8%
19	19,383	397	2.0%	1.3%	1.3%	0.8%	0.8%	0.9%
20	19,417	444	2.3%	1.4%	1.4%	0.9%	0.9%	0.9%
21	22,425	447	2.0%	1.4%	1.4%	0.6%	0.6%	0.7%
22	21,693	523	2.4%	1.6%	1.6%	0.8%	0.8%	0.7%
23	18,390	453	2.5%	1.7%	1.8%	0.7%	0.7%	0.7%
24	15,671	414	2.6%	2.0%	1.9%	0.6%	0.7%	0.7%
25	9,672	311	3.2%	2.5%	2.2%	0.8%	1.1%	0.7%
26	7,435	238	3.2%	2.3%	2.3%	0.9%	0.9%	0.7%
27	4,680	126	2.7%	2.1%	2.2%	0.6%	0.4%	0.7%
28	3,007	63	2.1%	1.8%	1.6%	0.2%	0.4%	0.7%
Total	867,327	35,744	4.1%	0.6%	0.6%	3.5%	3.5%	3.7%

Notes:

- 1) Experience is through June 30, 2016.
- 2) Actual Deaths based on data received from Prudential.
A terminated policy is considered a death if it was coded as "Death" in the administrative system.
or if it matched the Social Security Administration's Death Master File.
- 3) Expected Mortality Rate is based on the current assumption and uses the IAM 2012 ALB Table,
mortality selection factors and 0.6% improvement per year.
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate minus the Actual Benefit Exhaust Rate.
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate minus the Actual Benefit Exhaust Rate.
- 6) Current Voluntary Lapse Rate is the current projection assumption.
The lapse assumptions vary by segment. The current ultimate lapse rate is 0.7%.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Calendar Year
GLTC3

Calendar Year	Total Lives	Actual Claims					Expected Claims			Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Incidence	Severity	Incurred
2002	1,126	1	16,120	-	16,120	16,120	1	73,861	98,003	75%	22%	16%
2003	3,390	2	341,186	166,222	253,704	507,408	4	74,989	303,947	49%	338%	167%
2004	10,362	8	1,032,831	117,030	143,733	1,149,861	16	63,923	1,046,426	49%	225%	110%
2005	17,941	19	2,374,933	394,640	145,767	2,769,573	31	82,639	2,551,776	62%	176%	109%
2006	21,221	31	2,337,260	271,012	84,138	2,608,272	37	86,226	3,157,443	85%	98%	83%
2007	33,096	59	5,280,818	1,394,594	113,143	6,675,412	67	87,134	5,843,719	88%	130%	114%
2008	63,566	120	7,000,218	1,919,828	74,334	8,920,046	154	73,354	11,297,759	78%	101%	79%
2009	93,581	230	11,715,884	3,984,671	68,263	15,700,554	275	70,488	19,371,794	84%	97%	81%
2010	103,754	321	14,488,740	10,252,408	77,075	24,741,149	357	71,245	25,468,874	90%	108%	97%
2011	105,567	399	12,403,854	16,574,433	72,627	28,978,287	419	73,616	30,843,182	95%	99%	94%
2012	105,369	500	7,099,473	25,940,433	66,080	33,039,906	451	76,220	34,378,768	111%	87%	96%
2013	96,510	379	793,157	27,944,231	75,837	28,737,387	477	59,077	28,176,487	79%	128%	102%
Total	655,480	2,069	64,884,476	88,959,502	74,359	153,843,978	2,290	70,990	162,538,178	90%	105%	95%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 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) Incurred claims are equal to paid claims and the ending reserve. Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2011 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Policy Duration
GLTC3

Policy Duration	Total Lives	Count	Actual Claims			Expected Claims			Actual to Expected			
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Incidence	Severity	Incurred
1 - 3	183,772	104	6,513,170	4,146,016	102,449	10,659,186	155	85,759	13,276,035	67%	119%	80%
4 - 6	140,079	152	6,861,456	10,565,674	114,502	17,427,131	177	91,608	16,254,632	86%	125%	107%
7 - 9	84,461	177	6,441,741	10,434,785	95,195	16,876,526	175	89,852	15,706,193	101%	106%	107%
10 - 12	59,663	167	7,185,280	7,499,437	87,778	14,684,717	198	77,883	15,421,876	84%	113%	95%
13 +	187,505	1,468	37,882,828	56,313,589	64,161	94,196,418	1,585	64,296	101,879,443	93%	100%	92%
Total	655,480	2,069	64,884,476	88,959,502	74,359	153,843,978	2,290	70,990	162,538,178	90%	105%	95%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 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) Incurred claims are equal to paid claims and the ending reserve. Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2011 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Attained Age
GLTC3

Attained Age	Total Lives	Count	Actual Claims				Expected Claims			Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Incidence	Severity	Incurred
<=49	167,336	51	3,096,176	3,861,202	136,305	6,957,378	52	98,976	5,121,907	99%	138%	136%
50-54	99,807	56	2,577,035	4,353,059	123,623	6,930,094	61	102,135	6,215,298	92%	121%	112%
55-59	117,701	88	3,563,101	4,798,233	94,876	8,361,334	114	96,500	10,964,804	78%	98%	76%
60-64	110,343	133	4,520,393	5,925,362	78,394	10,445,755	184	89,402	16,477,492	72%	88%	63%
65-69	72,385	166	5,308,678	8,616,322	83,707	13,924,999	211	79,637	16,814,942	79%	105%	83%
70-74	40,978	232	7,787,463	12,647,759	87,927	20,435,222	241	76,615	18,502,211	96%	115%	110%
75-79	25,352	347	12,143,542	14,507,864	76,897	26,651,406	357	71,685	25,602,076	97%	107%	104%
80-84	14,630	475	14,695,482	18,115,295	69,105	32,810,777	457	64,370	29,389,622	104%	107%	112%
85-89	5,668	361	7,975,936	10,689,532	51,729	18,665,469	428	55,763	23,874,588	84%	93%	78%
90+	1,280	159	3,216,670	5,444,874	54,313	8,661,544	185	51,880	9,575,236	86%	105%	90%
Total	655,480	2,069	64,884,476	88,959,502	74,359	153,843,978	2,290	70,990	162,538,178	90%	105%	95%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 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) Incurred claims are equal to paid claims and the ending reserve. Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2011 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Gender
GLTC3

Gender	Total Lives	Count	Actual Claims			Expected Claims			Actual to Expected			
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Incidence	Severity	Incurred
Female	359,704	1,221	40,031,517	55,610,717	78,309	95,642,234	1,324	77,565	102,663,418	92%	101%	93%
Male	295,776	848	24,852,959	33,348,784	68,667	58,201,743	966	61,980	59,874,759	88%	111%	97%
Total	655,480	2,069	64,884,476	88,959,502	74,359	153,843,978	2,290	70,990	162,538,178	90%	105%	95%

Notes:

- 1) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.
- 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) Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2011 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Calendar Year
GLTC3

Calendar Year	Total Lives	Actual Claims					Expected Claims			Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Incidence	Severity	Incurred
2002	1,125	1	787	-	787	787	1	83,044	110,148	75%	1%	1%
2003	3,390	3	479,840	261,193	247,011	741,033	4	82,669	332,913	74%	299%	223%
2004	10,348	10	1,558,464	135,414	169,388	1,693,879	16	70,218	1,100,305	64%	241%	154%
2005	17,936	20	2,117,457	323,908	122,068	2,441,365	29	89,088	2,613,831	68%	137%	93%
2006	21,217	32	2,626,793	234,800	89,425	2,861,593	34	91,927	3,169,014	93%	97%	90%
2007	33,072	66	5,716,344	993,115	101,658	6,709,458	64	87,139	5,546,541	104%	117%	121%
2008	63,547	135	9,096,553	1,919,713	81,602	11,016,266	147	72,799	10,673,347	92%	112%	103%
2009	93,586	253	15,555,121	4,026,381	77,397	19,581,502	260	70,277	18,288,071	97%	110%	107%
2010	103,788	313	20,057,847	4,992,136	80,032	25,049,983	337	71,561	24,132,417	93%	112%	104%
2011	105,629	420	21,981,818	6,752,344	68,415	28,734,162	397	74,681	29,625,784	106%	92%	97%
2012	105,302	486	21,834,162	9,424,554	64,318	31,258,716	405	77,452	31,396,889	120%	83%	100%
2013	102,402	487	19,953,679	15,090,201	71,959	35,043,880	428	80,753	34,529,854	114%	89%	101%
2014	97,193	487	14,639,752	24,910,121	81,211	39,549,873	446	84,224	37,566,299	109%	96%	105%
2015	95,217	606	8,181,740	44,746,213	87,340	52,927,953	480	86,346	41,426,582	126%	101%	128%
2016	66,889	326	207,298	35,075,179	108,228	35,282,476	382	57,776	22,098,315	85%	187%	160%
Total	920,639	3,645	144,007,656	148,885,271	80,355	292,892,927	3,431	76,551	262,610,311	106%	105%	112%

Notes:

- 1) Experience is through June 30, 2016 and only includes the period of time that Prudential administered the business.
- 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) Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2014 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Policy Duration
GLTC3

Policy Duration	Total Lives	Count	Actual Claims				-	Expected Claims			Actual to Expected		
			Paid	Reserve	Severity	Incurred		Count	Severity	Incurred	Incidence	Severity	Incurred
1 - 3	198,376	119	9,568,750	3,353,473	108,590	12,922,223	156	87,157	13,605,525	76%	125%	95%	
4 - 6	175,069	203	13,302,978	10,867,395	119,066	24,170,373	206	97,482	20,078,280	99%	122%	120%	
7 - 9	142,082	264	14,004,312	14,880,220	109,411	28,884,532	262	98,468	25,792,450	101%	111%	112%	
10 - 12	106,049	303	14,138,702	16,576,978	101,372	30,715,680	300	92,836	27,811,743	101%	109%	110%	
13 - 15	67,491	318	13,789,549	15,733,407	92,839	29,522,956	278	85,876	23,901,542	114%	108%	124%	
16+	231,572	2,438	79,203,365	87,473,798	68,366	166,677,163	2,229	67,945	151,420,772	109%	101%	110%	
Total	920,639	3,645	144,007,656	148,885,271	80,355	292,892,927	3,431	76,551	262,610,311	106%	105%	112%	

Notes:

- 1) Experience is through June 30, 2016 and only includes the period of time that Prudential administered the business.
- 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) Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2014 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix C
Exhibit 3
The Prudential Insurance Company of America
Claim Study
Experience by Attained Age
GLTC3

Attained Age	Total Lives	Actual Claims					Expected Claims			Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred	Incidence	Severity	Incurred
<=49	207,847	66	5,453,559	5,498,134	165,935	10,951,693	57	100,812	5,769,134	115%	165%	190%
50-54	128,214	72	4,640,654	5,658,315	143,041	10,298,968	70	107,421	7,548,291	102%	133%	136%
55-59	159,327	121	6,712,782	6,262,848	107,237	12,975,629	138	104,967	14,447,499	88%	102%	90%
60-64	158,987	197	8,216,209	10,402,842	94,513	18,619,051	233	100,554	23,438,964	85%	94%	79%
65-69	117,935	285	12,083,820	17,654,258	104,344	29,738,078	307	98,656	30,314,963	93%	106%	98%
70-74	69,411	419	18,264,492	21,157,673	94,086	39,422,164	381	89,756	34,177,095	110%	105%	115%
75-79	41,156	613	26,963,142	26,427,829	87,098	53,390,971	543	80,026	43,476,393	113%	109%	123%
80-84	24,361	848	32,738,629	31,231,199	75,436	63,969,828	712	69,256	49,285,341	119%	109%	130%
85-89	10,573	696	19,848,666	17,497,601	53,658	37,346,267	657	57,218	37,619,290	106%	94%	99%
90+	2,828	328	9,085,704	7,094,572	49,330	16,180,276	332	49,824	16,533,340	99%	99%	98%
Total	920,639	3,645	144,007,656	148,885,271	80,355	292,892,927	3,431	76,551	262,610,311	106%	105%	112%

Notes:

- 1) Experience is through June 30, 2016 and only includes the period of time that Prudential administered the business.
- 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) Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are the current best estimate assumptions used in the projections and are based on the Milliman 2014 Long-Term Care Guidelines including fitting factors.
- 6) Claim dollar amounts are discounted using a 4% interest rate (both actual and expected).
- 7) This exhibit excludes waiver of premium and return of premium benefits in both actual and expected results.

Appendix D
The Prudential Insurance Company of America
Policy Persistency Comparison
Nationwide Experience
GLTC3

Policy Duration	Total Lives	Actual Results	Original Pricing Assumptions			Current Assumptions		
		Total Terminations	Lapse	Mortality	Total Terminations	Lapse	Mortality	Total Terminations
1	72,403	10.2%	8.0%	0.4%	8.4%	9.9%	0.2%	10.1%
2	59,487	7.8%	5.0%	0.4%	5.4%	6.9%	0.2%	7.1%
3	53,578	5.6%	5.0%	0.5%	5.5%	4.9%	0.2%	5.1%
4	48,025	4.0%	5.0%	0.5%	5.5%	3.9%	0.2%	4.1%
5	41,100	3.3%	5.0%	0.6%	5.6%	3.3%	0.3%	3.6%
6	33,836	3.0%	3.0%	0.7%	3.7%	2.9%	0.3%	3.2%
7	26,654	2.5%	3.0%	0.7%	3.7%	2.6%	0.3%	2.9%
8	23,587	2.2%	3.0%	0.8%	3.8%	2.5%	0.4%	2.9%
9	17,952	1.9%	3.0%	0.9%	3.9%	2.4%	0.4%	2.8%
10	16,729	1.9%	3.0%	1.0%	4.0%	2.3%	0.5%	2.8%
11	17,187	1.7%	3.0%	1.1%	4.1%	1.8%	0.5%	2.3%
12	16,484	1.6%	3.0%	1.2%	4.2%	1.7%	0.6%	2.3%
13	13,404	1.8%	3.0%	1.3%	4.3%	1.6%	0.7%	2.3%
14	11,424	1.5%	3.0%	1.4%	4.4%	1.0%	0.7%	1.7%
15	9,658	1.5%	3.0%	1.6%	4.6%	1.0%	0.8%	1.8%
16	11,376	1.2%	3.0%	1.7%	4.7%	1.0%	0.9%	1.9%
17	13,893	1.6%	3.0%	1.8%	4.8%	1.0%	1.0%	2.0%
18	14,286	1.9%	3.0%	1.9%	4.9%	1.0%	1.1%	2.1%
19	16,647	1.9%	3.0%	2.1%	5.1%	1.0%	1.2%	2.2%
20	14,361	2.1%	3.0%	2.3%	5.3%	1.0%	1.3%	2.3%
21	17,360	2.0%	3.0%	2.4%	5.4%	1.0%	1.4%	2.4%
22	10,630	2.0%	3.0%	2.7%	5.7%	1.0%	1.6%	2.6%
23	8,957	2.3%	3.0%	3.0%	6.0%	1.0%	1.7%	2.7%
24	6,092	2.1%	3.0%	3.1%	6.1%	1.0%	1.8%	2.8%
25	3,316	2.0%	3.0%	2.3%	5.3%	1.0%	1.3%	2.3%

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 original ultimate lapse assumption was 8.0% during year 1, 5.0% during year 2 through year 5, and 3.0% during year 6 and beyond for all issue ages.
- 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 steepening factors, and 0.6% mortality improvement per year (from year 2000).
The lapse assumptions vary by segment. The current ultimate lapse rate starting in duration 14 is 1%.
- 4) Experience is through September 30, 2013 and only includes the period of time that Prudential administered the business.

Appendix D
The Prudential Insurance Company of America
Policy Persistency Comparison
Nationwide Experience
GLTC3

Policy Duration	Total Lives		Actual Results		Original Pricing Assumptions				Current Assumptions		
			Total Terminations		Lapse	Mortality	Total Terminations		Lapse	Mortality	Total Terminations
1	73,853		11.2%		8.0%	0.4%	8.4%		12.0%	0.2%	12.2%
2	67,211		8.9%		5.0%	0.4%	5.4%		9.4%	0.2%	9.6%
3	62,472		6.3%		5.0%	0.5%	5.5%		6.3%	0.2%	6.5%
4	60,188		4.5%		5.0%	0.5%	5.5%		4.6%	0.3%	4.8%
5	57,887		3.5%		5.0%	0.6%	5.6%		3.4%	0.3%	3.7%
6	56,629		3.5%		3.0%	0.7%	3.7%		3.2%	0.3%	3.6%
7	50,684		3.4%		3.0%	0.7%	3.7%		3.0%	0.4%	3.4%
8	44,601		2.2%		3.0%	0.8%	3.8%		2.1%	0.4%	2.5%
9	38,862		2.1%		3.0%	0.9%	3.9%		1.7%	0.5%	2.2%
10	34,658		1.9%		3.0%	1.0%	4.0%		1.4%	0.5%	1.9%
11	34,049		1.9%		3.0%	1.1%	4.1%		1.3%	0.6%	1.9%
12	28,581		1.5%		3.0%	1.3%	4.3%		1.1%	0.7%	1.8%
13	24,483		1.9%		3.0%	1.4%	4.4%		1.1%	0.8%	1.9%
14	20,356		1.7%		3.0%	1.5%	4.5%		1.1%	0.8%	1.9%
15	19,204		1.6%		3.0%	1.7%	4.7%		1.0%	0.9%	1.9%
16	16,677		2.1%		3.0%	1.8%	4.8%		0.9%	1.0%	1.9%
17	18,055		1.9%		3.0%	1.9%	4.9%		0.9%	1.0%	2.0%
18	17,103		2.0%		3.0%	2.1%	5.1%		0.8%	1.2%	2.0%
19	19,383		2.0%		3.0%	2.2%	5.2%		0.9%	1.3%	2.1%
20	19,417		2.3%		3.0%	2.4%	5.4%		0.9%	1.4%	2.2%
21	22,425		2.0%		3.0%	2.5%	5.5%		0.7%	1.4%	2.1%
22	21,693		2.4%		3.0%	2.7%	5.7%		0.7%	1.6%	2.3%
23	18,390		2.5%		3.0%	3.0%	6.0%		0.7%	1.8%	2.5%
24	15,671		2.6%		3.0%	3.3%	6.3%		0.7%	1.9%	2.6%
25	9,672		3.2%		3.0%	3.6%	6.6%		0.7%	2.2%	2.9%
26	7,435		3.2%		3.0%	3.8%	6.8%		0.7%	2.3%	3.0%
27	4,680		2.7%		3.0%	3.6%	6.6%		0.7%	2.2%	2.9%
28	3,007		2.1%		3.0%	2.7%	5.7%		0.7%	1.6%	2.3%
Total	867,327		4.1%		4.0%	1.2%	5.1%		3.7%	0.6%	4.4%

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 mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption was 8.0% during year 1, 5.0% during year 2 through year 5, and 3.0% during year 6 and beyond for all issue ages.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing.
The mortality assumptions are based on the IAM 2012 ALB table, with selection factors, and 0.6% mortality improvement per year.
The lapse assumptions vary by segment. The current ultimate lapse rate is 0.7%.
- 5) Experience is through June 30, 2016

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of September 30, 2013
GLTC3

Issue Year*	Total GLTC3			
	Count	% of Count	Premium	% of Premium
1988	3,762	3.6%	3,535,875	3.5%
1989	2,453	2.4%	2,407,676	2.4%
1990	2,441	2.4%	1,833,986	1.8%
1991	1,937	1.9%	2,027,271	2.0%
1992	7,091	6.8%	6,968,382	6.9%
1993	2,931	2.8%	3,468,257	3.4%
1994	2,219	2.1%	2,742,559	2.7%
1995	1,407	1.4%	1,628,222	1.6%
1996	1,241	1.2%	1,302,210	1.3%
1997	1,318	1.3%	1,450,216	1.4%
1998	1,680	1.6%	1,722,935	1.7%
1999	2,583	2.5%	2,240,030	2.2%
2000	3,251	3.1%	3,342,062	3.3%
2001	2,708	2.6%	2,371,104	2.3%
2002	3,628	3.5%	4,245,300	4.2%
2003	3,658	3.5%	3,588,370	3.5%
2004	6,915	6.7%	7,619,941	7.5%
2005	6,814	6.6%	6,908,327	6.8%
2006	6,960	6.7%	6,752,113	6.6%
2007	6,838	6.6%	7,562,292	7.4%
2008	8,693	8.4%	7,582,401	7.5%
2009	8,818	8.5%	8,408,965	8.3%
2010	4,148	4.0%	4,086,930	4.0%
2011	4,054	3.9%	3,234,304	3.2%
2012	3,465	3.3%	2,446,595	2.4%
2013	2,527	2.4%	2,153,740	2.1%
Total	103,540	100.0%	101,630,061	100.0%

*Based on the original issue date of the policy

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of September 30, 2013
GLTC3

	Total GLTC3			
	Count	% of Count	Premium	% of Premium
Issue Age				
<30	4,584	4.4%	861,120	0.8%
30-34	6,169	6.0%	2,029,239	2.0%
35-39	9,593	9.3%	4,315,365	4.2%
40-44	13,202	12.8%	8,011,075	7.9%
45-49	16,999	16.4%	13,466,732	13.3%
50-54	20,174	19.5%	20,672,850	20.3%
55-59	17,361	16.8%	22,953,983	22.6%
60-64	10,736	10.4%	18,216,989	17.9%
65-69	3,589	3.5%	7,724,567	7.6%
70-74	881	0.9%	2,452,130	2.4%
75-79	210	0.2%	745,913	0.7%
80+	42	0.0%	180,099	0.2%
Total	103,540	100.0%	101,630,061	100.0%

Average Issue Age 48.8

Attained Age				
<30	1,630	1.6%	172,601	0.2%
30-34	1,714	1.7%	285,085	0.3%
35-39	3,291	3.2%	792,072	0.8%
40-44	5,430	5.2%	1,922,538	1.9%
45-49	8,413	8.1%	4,214,540	4.1%
50-54	12,570	12.1%	8,316,851	8.2%
55-59	17,272	16.7%	14,845,001	14.6%
60-64	18,423	17.8%	19,424,672	19.1%
65-69	15,421	14.9%	19,552,551	19.2%
70-74	8,941	8.6%	13,289,751	13.1%
75-79	5,108	4.9%	8,643,225	8.5%
80+	5,327	5.1%	10,171,174	10.0%
Total	103,540	100.0%	101,630,061	100.0%

Average Attained Age 59.3

Gender				
Male	46,307	44.7%	46,735,383	46.0%
Female	57,233	55.3%	54,894,678	54.0%
Total	103,540	100.0%	101,630,061	100.0%

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of September 30, 2013
GLTC3

Total GLTC3				
	Count	% of Count	Premium	% of Premium
Inflation Option				
None	58,311	56.3%	47,891,255	47.1%
GPO	29,998	29.0%	26,998,494	26.6%
5% Simple Lifetime	632	0.6%	525,638	0.5%
5% Compound - Double (14 years)	537	0.5%	569,309	0.6%
5% Compound Lifetime	14,062	13.6%	25,645,365	25.2%
Total	103,540	100.0%	101,630,061	100.0%
Elimination Period				
30-Day	2,717	2.6%	3,171,701	3.1%
60-Day	2,331	2.3%	2,967,879	2.9%
90-Day	98,354	95.0%	95,330,862	93.8%
180-Day	38	0.0%	31,479	0.0%
365-Day	100	0.1%	128,140	0.1%
Total	103,540	100.0%	101,630,061	100.0%
Benefit Period*				
2 Years	2,393	2.3%	479,436	0.5%
3 Years	24,723	23.9%	19,459,142	19.1%
5 Years	65,787	63.5%	66,494,828	65.4%
7 Years	2,333	2.3%	3,497,017	3.4%
10 Years	5,392	5.2%	7,809,913	7.7%
Lifetime	2,912	2.8%	3,889,725	3.8%
Total	103,540	100.0%	101,630,061	100.0%
*Benefit Period grouped to nearest primary election				
Premium Period				
Lifetime	103,540	100.0%	101,630,061	100.0%
Total	103,540	100.0%	101,630,061	100.0%
Marital Status				
Composite	70,373	68.0%	69,392,647	68.3%
Single	13,210	12.8%	14,529,313	14.3%
Married	19,957	19.3%	17,708,101	17.4%
Total	103,540	100.0%	101,630,061	100.0%

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of September 30, 2013
GLTC3

Issue State	Total GLTC3			
	Count	% of Count	Premium	% of Premium
AL	379	0.4%	375,167	0.4%
AK	43	0.0%	61,330	0.1%
AZ	806	0.8%	1,016,504	1.0%
AR	249	0.2%	211,084	0.2%
CA	1,901	1.8%	2,019,466	2.0%
CO	276	0.3%	172,936	0.2%
CT	4,444	4.3%	5,275,225	5.2%
DC	479	0.5%	432,661	0.4%
DE	1,348	1.3%	1,536,009	1.5%
FL	0	0.0%	0	0.0%
GA	793	0.8%	398,075	0.4%
HI	12	0.0%	15,552	0.0%
ID	607	0.6%	464,995	0.5%
IL	3,881	3.7%	2,016,678	2.0%
IN	2,075	2.0%	1,513,289	1.5%
IA	277	0.3%	278,751	0.3%
KS	730	0.7%	660,982	0.7%
KY	338	0.3%	349,884	0.3%
LA	677	0.7%	603,840	0.6%
ME	487	0.5%	414,951	0.4%
MD	3,349	3.2%	2,358,436	2.3%
MA	1,775	1.7%	1,261,114	1.2%
MI	1,139	1.1%	1,095,106	1.1%
MN	2,042	2.0%	1,938,308	1.9%
MS	341	0.3%	330,783	0.3%
MO	1,242	1.2%	1,055,031	1.0%
MT	124	0.1%	110,973	0.1%
NE	260	0.3%	216,164	0.2%
NV	433	0.4%	303,263	0.3%
NH	363	0.4%	356,362	0.4%
NJ	8,166	7.9%	10,395,835	10.2%
NM	328	0.3%	377,555	0.4%
NY	11,096	10.7%	15,603,866	15.4%
NC	3,783	3.7%	4,148,479	4.1%
ND	0	0.0%	0	0.0%
OH	20,633	19.9%	20,324,857	20.0%
OK	699	0.7%	461,497	0.5%
OR	645	0.6%	680,938	0.7%
PA	3,241	3.1%	2,172,599	2.1%
RI	0	0.0%	0	0.0%
SC	8,847	8.5%	7,732,333	7.6%
SD	52	0.1%	63,584	0.1%
TN	687	0.7%	689,703	0.7%
TX	3,967	3.8%	3,219,377	3.2%
UT	4,587	4.4%	3,963,404	3.9%
VT	74	0.1%	89,737	0.1%
VA	4,800	4.6%	4,093,440	4.0%
WA	878	0.8%	554,629	0.5%
WV	0	0.0%	0	0.0%
WI	187	0.2%	215,310	0.2%
WY	0	0.0%	0	0.0%
Total	103,540	100.0%	101,630,061	100.0%

Appendix E
The Prudential Insurance Company of America
Distribution of Inforce Business as of September 30, 2013
GLTC3

Total GLTC3				
	Count	% of Count	Premium	% of Premium
Insured Type				
Employee	68,581	66.2%	59,356,548	58.4%
Spouse	21,770	21.0%	22,916,317	22.5%
Assoc	4,668	4.5%	6,817,034	6.7%
Other	8,521	8.2%	12,540,161	12.3%
Total	103,540	100.0%	101,630,061	100.0%
Underwriting Category				
Full	32,481	31.4%	39,200,683	38.6%
Guaranteed Issue	68,564	66.2%	59,313,714	58.4%
Simplified Issue	2,495	2.4%	3,115,664	3.1%
Total	103,540	100.0%	101,630,061	100.0%
Cash Benefit Option				
Cash	2,371	2.3%	1,339,466	1.3%
Reimbursement	101,169	97.7%	100,290,596	98.7%
Total	103,540	100.0%	101,630,061	100.0%
Benefit Measure				
Daily	99,737	96.3%	97,787,795	96.2%
Monthly	3,803	3.7%	3,842,266	3.8%
Total	103,540	100.0%	101,630,061	100.0%

Appendix E
Prudential
Distribution of Inforce Business as of June 30, 2016
Product Series GLTC3
Nationwide Experience - All Policies

Issue Year*	<u>Total GLTC3</u>			
	Count	% of Count	Premium	% of Premium
1988	3,462	3.7%	4,773,337	4.0%
1989	2,163	2.3%	2,698,901	2.3%
1990	2,223	2.4%	2,440,345	2.1%
1991	1,746	1.9%	2,365,941	2.0%
1992	6,489	6.9%	7,818,931	6.6%
1993	2,809	3.0%	3,960,981	3.4%
1994	2,063	2.2%	3,037,293	2.6%
1995	1,331	1.4%	1,838,635	1.6%
1996	1,156	1.2%	1,484,123	1.3%
1997	1,232	1.3%	1,734,103	1.5%
1998	1,555	1.7%	2,041,107	1.7%
1999	2,435	2.6%	2,894,023	2.5%
2000	3,050	3.3%	3,762,517	3.2%
2001	2,472	2.6%	3,043,175	2.6%
2002	3,465	3.7%	5,586,103	4.7%
2003	3,443	3.7%	4,555,249	3.9%
2004	6,582	7.0%	8,950,251	7.6%
2005	6,191	6.6%	7,902,812	6.7%
2006	6,465	6.9%	7,676,946	6.5%
2007	6,234	6.7%	8,323,172	7.1%
2008	7,672	8.2%	8,620,932	7.3%
2009	8,208	8.8%	9,799,903	8.3%
2010	3,553	3.8%	4,457,265	3.8%
2011	3,187	3.4%	3,401,393	2.9%
2012	2,234	2.4%	2,383,654	2.0%
2013	1,879	2.0%	2,298,502	1.9%
2014	77	0.1%	96,241	0.1%
2015	22	0.0%	26,962	0.0%
2016	12	0.0%	18,876	0.0%
Total	93,410	100.0%	117,991,674	100.0%

*Based on the original issue date of the policy

Appendix E
Prudential
Distribution of Inforce Business as of June 30, 2016
Product Series GLTC3
Nationwide Experience - All Policies

	Count	% of Count	Premium	% of Premium
Issue Age				
<30	4,163	4.5%	1,347,376	1.1%
30-34	4,379	4.7%	2,172,514	1.8%
35-39	8,429	9.0%	5,305,227	4.5%
40-44	11,965	12.8%	9,898,997	8.4%
45-49	15,656	16.8%	16,190,999	13.7%
50-54	18,910	20.2%	24,489,308	20.8%
55-59	16,214	17.4%	26,816,232	22.7%
60-64	9,748	10.4%	20,525,752	17.4%
65-69	3,073	3.3%	8,007,104	6.8%
70-74	699	0.7%	2,365,861	2.0%
75-79	145	0.2%	685,104	0.6%
80+	29	0.0%	187,200	0.2%
Total	93,410	100.0%	117,991,674	100.0%

Average Issue Age 49.1

	Count	% of Count	Premium	% of Premium
Attained Age				
<30	372	0.4%	54,928	0.0%
30-34	684	0.7%	126,552	0.1%
35-39	1,779	1.9%	477,207	0.4%
40-44	3,039	3.3%	1,116,436	0.9%
45-49	5,459	5.8%	2,871,256	2.4%
50-54	8,888	9.5%	6,293,477	5.3%
55-59	13,477	14.4%	12,506,725	10.6%
60-64	17,317	18.5%	20,487,424	17.4%
65-69	17,654	18.9%	25,900,803	22.0%
70-74	11,614	12.4%	20,125,799	17.1%
75-79	6,467	6.9%	12,952,184	11.0%
80+	6,660	7.1%	15,078,883	12.8%
Total	93,410	100.0%	117,991,674	100.0%

Average Attained Age 62.8

	Count	% of Count	Premium	% of Premium
Gender				
Male	40,981	43.9%	53,450,420	45.3%
Female	52,429	56.1%	64,541,254	54.7%
Total	93,410	100.0%	117,991,674	100.0%

Appendix E
Prudential
Distribution of Inforce Business as of June 30, 2016
Product Series GLTC3
Nationwide Experience - All Policies

	Count	% of Count	Premium	% of Premium
Inflation Option				
None	3,984	4.3%	1,062,574	0.9%
GPO	75,040	80.3%	88,177,339	74.7%
5% Simple Lifetime	614	0.7%	582,592	0.5%
5% Compound - Double (14 years)	535	0.6%	577,547	0.5%
5% Compound Lifetime	13,237	14.2%	27,591,623	23.4%
Total	93,410	100.0%	117,991,674	100.0%

	Count	% of Count	Premium	% of Premium
Elimination Period				
30-Day	2,403	2.6%	3,595,968	3.0%
60-Day	2,236	2.4%	3,276,154	2.8%
90-Day	88,646	94.9%	110,918,861	94.0%
180-Day	27	0.0%	25,595	0.0%
365-Day	98	0.1%	175,096	0.1%
Total	93,410	100.0%	117,991,674	100.0%

	Count	% of Count	Premium	% of Premium
Benefit Period*				
2 Years	1,837	2.0%	764,747	0.6%
3 Years	21,160	22.7%	21,790,456	18.5%
5 Years	60,352	64.6%	79,196,066	67.1%
7 Years	2,170	2.3%	3,215,800	2.7%
10 Years	5,152	5.5%	8,388,209	7.1%
Lifetime	2,739	2.9%	4,636,395	3.9%
Total	93,410	100.0%	117,991,674	100.0%

*Benefit Period grouped to nearest primary election

	Count	% of Count	Premium	% of Premium
Premium Period				
Lifetime	93,410	100.0%	117,991,674	100.0%
Total	93,410	100.0%	117,991,674	100.0%

	Count	% of Count	Premium	% of Premium
Marital Status				
Composite	62,420	66.8%	80,481,423	68.2%
Single	12,086	12.9%	15,281,141	13.0%
Married	18,904	20.2%	22,229,111	18.8%
Total	93,410	100.0%	117,991,674	100.0%

Appendix E
Prudential
Distribution of Inforce Business as of June 30, 2016
Product Series GLTC3
Nationwide Experience - All Policies

Issue State	Count	% of Count	Premium	% of Premium
AL	348	0.4%	423,395	0.4%
AK	43	0.0%	81,657	0.1%
AZ	750	0.8%	1,369,355	1.2%
AR	224	0.2%	229,229	0.2%
CA	1,773	1.9%	2,108,674	1.8%
CO	187	0.2%	201,765	0.2%
CT	4,199	4.5%	5,706,679	4.8%
DC	415	0.4%	492,125	0.4%
DE	1,292	1.4%	1,671,336	1.4%
FL	1	0.0%	1,398	0.0%
GA	669	0.7%	550,928	0.5%
HI	12	0.0%	19,808	0.0%
ID	591	0.6%	678,213	0.6%
IL	3,194	3.4%	2,187,501	1.9%
IN	1,781	1.9%	1,740,833	1.5%
IA	247	0.3%	313,327	0.3%
KS	695	0.7%	818,085	0.7%
KY	295	0.3%	395,030	0.3%
LA	604	0.6%	662,540	0.6%
ME	446	0.5%	549,938	0.5%
MD	2,126	2.3%	2,379,808	2.0%
MA	1,636	1.8%	1,288,267	1.1%
MI	1,057	1.1%	1,324,822	1.1%
MN	1,941	2.1%	2,174,053	1.8%
MS	273	0.3%	344,223	0.3%
MO	1,185	1.3%	1,308,768	1.1%
MT	93	0.1%	126,796	0.1%
NE	248	0.3%	325,726	0.3%
NV	368	0.4%	355,801	0.3%
NH	336	0.4%	389,913	0.3%
NJ	7,537	8.1%	12,764,498	10.8%
NM	312	0.3%	389,964	0.3%
NY	10,245	11.0%	16,283,019	13.8%
NC	3,591	3.8%	4,835,873	4.1%
ND	0	0.0%	0	0.0%
OH	18,804	20.1%	24,575,758	20.8%
OK	645	0.7%	583,044	0.5%
OR	599	0.6%	821,104	0.7%
PA	2,847	3.0%	2,789,001	2.4%
RI	0	0.0%	0	0.0%
SC	8,320	8.9%	9,914,854	8.4%
SD	52	0.1%	95,116	0.1%
TN	653	0.7%	795,062	0.7%
TX	3,526	3.8%	3,481,453	3.0%
UT	4,370	4.7%	4,856,671	4.1%
VT	69	0.1%	97,585	0.1%
VA	3,926	4.2%	4,508,579	3.8%
WA	711	0.8%	689,544	0.6%
WV	0	0.0%	0	0.0%
WI	174	0.2%	290,555	0.2%
WY	0	0.0%	0	0.0%
Total	93,410	100.0%	117,991,674	100.0%

Appendix E
Prudential
Distribution of Inforce Business as of June 30, 2016
Product Series GLTC3
Nationwide Experience - All Policies

	Count	% of Count	Premium	% of Premium
Insured Type				
Employee	60,659	64.9%	69,836,867	59.2%
Spouse	20,649	22.1%	27,508,924	23.3%
Assoc	4,495	4.8%	7,042,606	6.0%
Other	7,607	8.1%	13,603,277	11.5%
Total	93,410	100.0%	117,991,674	100.0%

	Count	% of Count	Premium	% of Premium
Underwriting Category				
Full	30,444	32.6%	44,651,285	37.8%
Guaranteed Issue (Including Core)	60,643	64.9%	69,801,929	59.2%
Simplified Issue	2,323	2.5%	3,538,460	3.0%
Total	93,410	100.0%	117,991,674	100.0%

	Count	% of Count	Premium	% of Premium
Cash Benefit Option				
Cash	1,958	2.1%	1,355,845	1.1%
Reimbursement	91,452	97.9%	116,635,829	98.9%
Total	93,410	100.0%	117,991,674	100.0%

	Count	% of Count	Premium	% of Premium
Benefit Measure				
Daily	89,825	96.2%	113,781,321	96.4%
Monthly	3,585	3.8%	4,210,354	3.6%
Total	93,410	100.0%	117,991,674	100.0%



Ritu Jain, ASA, MAAA
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Date: June 24th, 2015

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated September 17, 2014 and March 31, 2015
GLTC3 Re-Rate

Ms. Houser,

This is in response to your questions on September 17, 2014. I work with Keith Burns at Prudential.

1. Does Prudential have any other group business? If so, what is your rationale for excluding those policies from this filing?

Prudential holds other group business in the form of GLTC1, GLTC2 and GLTC4. However, we excluded these products from this filing because they are different generations of products, and thus have different rates and forms.

2. What is the range of issue dates of policies sold a) in Virginia and b) nationwide? Do you continue to add new lives to existing group contracts? If not, when did that cease? If you are still adding new lives, please confirm the new premium rates would apply to new insureds.

GLTC3 policies were sold between 2002 and 2013, though some of our policies transferred from other carriers were originally issued as far back as 1988. Group Long Term Care is a closed block and is no longer actively marketing new business as of June 30, 2013, aside from some minor sales due to contractual obligations. Some of these contractual obligations might include rate guarantees, and thus any new insureds that are added as a result would be paying the current premium until those guarantees expire. In the remaining obligations, the new premium rates would apply.

3. The actuarial memorandum states this form is guaranteed renewable. Please confirm it is guaranteed renewable for life.

GLTC3 is guaranteed renewable for life.

4. Please confirm our understanding that although the Virginia experience pre-dates the effective date of rate stabilization (October 1, 2003), this policy was filed under the rate stabilization requirements.

This rate increase filing follows all rate stabilization requirements.

5. Provide an estimate of how much of the 40% increase is attributable to each component of morbidity, mortality and lapses.

The reason for this rate increase is mainly our mortality and lapse experience. Please note that the nationwide lifetime loss ratio before the requested rate increase is 129%, and 108% after a 40% rate increase. With this considered, we believe it sufficient to say that we are no longer aiming for profit on this business; rather, we are trying to minimize our losses so we can better prepare for these future liabilities.

6. Do the reserve transfers result from the transfer of business from Aetna? Are there any other transfers? Describe the basis for the reserve transfer. Is this a transfer of active life or disabled life reserves or both? Does it include any margin? We expect the amount transferred is meant to be a break-even proposition, that is, the amount transferred is equal to the present value of future liability. Thus you are including a piece in both premiums and claims which is expected to have a 100% loss ratio. Is this correct?

The reserve transfers consist primarily of business from Aetna and Metlife, and a small amount of additional business assumed from CNA and John Hancock. These are all active life reserves since disabled lives were not eligible to be transferred. In addition, your assumption of no margin is correct. At the time of transfer, the amount transferred was meant to be a break-even proposition. The target pricing loss ratio was 91%.

7. In the financial appendices you show a claim reserve column. Please verify this column actually represents the annual change in claim reserves.

The column represents the claim reserves as of 9/30/2013 supporting this block of business, discounted to the claim incurred date.

8. The financial appendices show a very large amount of premiums, and especially claims, in the bucket of 2052 and later. Please resubmit these projections to show every individual year after 2051.

See 'VA Appendices - GLTC3.xlsx' for projections displaying each projection year after 2051.

9. How is waived premiums handled in the experience? Are they included in both premiums and claims or excluded from both. Is the treatment consistent between the historical and projected periods?

For the historical experience as well as the projections, the waiver of premium treated as a benefit and is included in the claims. The premiums are not reduced due to the decrease in waived premiums.

10. Do the projections reflect any benefit buy-downs by insureds? If so, please quantify these and explain how you determined their value.

The projections do not reflect any benefit reductions.

11. Does your contract offer a conversion privilege to an individual policy or do you use a group conversion trust? In either case, do the financial projections include insureds who continue coverage after leaving the group?

The group long term care certificates issued to an individual is guaranteed renewable for life. Neither the decision of a group client to terminate the group policy nor the insured decision to terminate employment with the group impacts the guaranteed renewability. Yes, the financial projections reflects it.

12. Please provide the distribution of counts and premium by certificate holder issue year. Appendix E shows the distribution by policy issue year. We are looking for support for your 4% interest discount assumption.

The support you are looking for can be found in the table below, which shows how we derived our 4% discount assumption based on the average statutory valuation rate over the life of the product weighted with the policies sold each year.

Issue Year	Stat Val Rate	Policies Sold for GTLC3 and GLTC3.5 Total Count
1988	5.50%	-
1989	5.50%	-
1990	5.50%	-
1991	5.50%	-
1992	5.50%	-
1993	5.00%	2,089
1994	5.00%	1,203
1995	4.50%	737
1996	4.50%	339
1997	4.50%	300
1998	4.50%	302
1999	4.50%	108
2000	4.50%	124
2001	4.50%	86
2002	4.50%	2,815
2003	4.50%	1,634
2004	4.50%	29,597
2005	4.50%	12,967
2006	4.00%	12,721
2007	4.00%	28,227
2008	4.00%	77,354
2009	4.00%	78,273
2010	4.00%	36,358
2011	4.00%	28,352
2012	4.00%	26,515
2013	3.50%	18,918
2014	3.50%	2
Total		359,021
Average		4.05%

13. Describe what blocks of business went into the Actual to Expected experience studies for lapses, mortality and morbidity. Is it only the experience of the GLTC3 block? If other blocks were used, were they individual or group business? What is your justification for including them? How did you address credibility in your A/E analysis?

The experience studies are done separately for individual and group products for lapse, mortality and morbidity. To determine the risk classes, we generally look at the available experience and credibility of the block of business. The risk classes are further broken into experience classes based on the emerging experience. Appendix C included in the initial filings details the experience for GLTC3 block of business.

14. We have a number of questions concerning the lapse study.

a) Does the lapse experience encompass both group level terminations and insured level terminations? Do you distinguish between the two? Does the revised assumption encompass both of these?

b) There are two exhibits of lapse experience - one in Appendix D (Policy Persistency) and one in Appendix C (Voluntary Lapses). Both Appendices use the term "Policy Duration". Is policy duration measured based on the original effective date of the policy or on the effective date of each insured?

c) Both appendices have a footnote that the lapse assumption varies by segment. What are the segments and how are they handled in the lapse studies? Do they have separate assumptions in the projections? If so, provide this additional information.

d) The voluntary lapse table in the actuarial memorandum shows voluntary lapses of 7.0%, 5.0%, etc. But the current assumptions columns in Appendix C and D look nothing like that table. Are we missing something?

e) The actuarial memo states that for one large group the assumption is 1.0% in all years. Why would you treat this group differently? Is their experience fully credible? How many insureds are in this group? Provide the distribution of business by duration for this group. Is this group part of the experience studies?

f) You have a separate lapse assumption for "the "Core" business where the employer pays for the coverage." Is this 100% paid by the employer? Why is the lapse rate so much higher for these groups? Why would the lapse rate vary so greatly by attained age (20% at the younger ages, grading down to 1% at the older ages)? You state that "based on our prior experience, no shock lapse or claims anti-selection was assumed in this filing." Why would you not expect significant group terminations in the Core market? How is the Core block handled in the lapse studies?

g) You indicate that terminations were checked against the Social Security Death Master File. Did you use any date parameters in this comparison? For example, if a person terminated and you found him on the Master File with a date of death 2 years beyond his termination date, is that still considered a death?

- a. The lapse experience is monitored on the basis of insured level terminations only. Please refer to section 5 of the actuarial memorandum for the lapse rates used.
- b. Policy Duration is measured based on the original issue date of the insureds.
- c. The lapse assumption varies by Core and Non-Core business, and has an additional variation for one specific large group based on the credible experience of that group. They have separate assumptions in the projections, and more information about these assumptions can be found in Section 5 of the actuarial memorandum provided at initial filing.

- d. The lapse rates in Appendices C and D are a blend of the lapse rates for the specific large group, “Core” business, and all other policyholders. In the Actuarial Memorandum, the lapse rate table is for “all other policyholders”. As noted in the Actuarial Memorandum, “For “Core” business, where the employer pays for the coverage, the lapse rate is 20% and grades to an ultimate rate of 1% by attained age 65. For one specific large group, based on the credible experience of that group, the lapse rate is 1.0% in all years.” The lapse rates in Appendix C and D will vary from the table listed in the actuarial memorandum based on the mix of business at each duration.
- e. See ‘Appendix E - DOB - Large Group.xlsx’ for a distribution of business for this specific group. Early experience for this group demonstrates lapse rates much lower than assumed for other groups. Please note that the key assumption to the projections is the ultimate lapse rate as most policies are beyond the early policy durations. The ultimate lapse rate is the same for all the non-“Core” business so, for the purposes of projections, the difference in early durations has very little impact.
- f. Core business is 100% paid by the employer while the employee is working for the employer. Once the employee leaves or is retired, then the employee needs to pay the premium. Therefore, if an employee leaves, it is unlikely that they will continue to pay the premium on their own. So during the working years, a 20% lapse rate is assumed. Once an employee has reached retirement and has taken over paying the policy, they are assumed to lapse at the same rate as the rest of the block (1%). The Core business was included in the lapse study and analyzed separately. The assumptions were selected based on the experience of the Core business, considering the level of credibility of the data and judgment for how the block will persist in the future.
- g. Unless there is specific policy language that says otherwise, any policyholder that lapses before a death is considered a lapse, regardless of the time between lapse and death.

15. Regarding the Actual to Expected morbidity study:

- a) Please provide an analysis by gender.**
- b) Provide the morbidity adjustment factors.**
- c) Does your analysis include a piece for IBNR? If so, indicate the amount of IBNR reserve by calendar incurred year.**
- d) Provide a comparison, by calendar year, of the actual claims to those expected by the original pricing assumptions.**
 - a. See ‘Appendix C - Exhibit 3 - Morbidity Details - By Gender.xlsx’ for morbidity actual to expected analysis by gender.
 - b. The baseline expected incurred claims were developed from Milliman’s 2011 LTC Guidelines (*Guidelines*). Given the large size of the data supporting the Guidelines, it was viewed as a credible starting point for the analysis. Included in the baseline, was a 1% per year morbidity improvement in the historical expected claims, with 2011 as the assumed base year. This morbidity improvement is assumed to continue until 2032. 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, therefore, some fitting involved cycling back to prior steps. Also, the credibility of each specific segment was considered, along with judgment in setting the specific fitting factors.

See the tables that follow for the fitting factors applied to the Guidelines. Please note in the tables that follow that GLTC3 and GLTC35 are considered separately for modeling purposes, but are grouped for purposes of rate increase filing.

Selection Adjustment Factors* – Group

Duration	Fully Underwritten / Issue Ages <65	Fully Underwritten / Issue Ages 65+	Guaranteed Issue	Simplified Issue
1	0.90	1.65	0.80	1.70
2	0.90	1.58	0.81	1.60
3	0.90	1.50	0.82	1.50
4	0.90	1.42	0.83	1.40
5	0.90	1.35	0.84	1.30
6	0.90	1.30	0.85	1.24
7	0.90	1.27	0.85	1.19
8	0.90	1.25	0.85	1.13
9	0.90	1.23	0.85	1.09
10	0.90	1.20	0.85	1.06
11	0.90	1.20	0.85	1.03
12+	0.90	1.20	0.85	1.00

**Adjustment factors applied to selection factors. Slight smoothing was done to maintain a logical pattern in underlying selection factors (i.e. increasing selection factors by duration for fully underwritten).*

Cash Benefit Adjustment Factors

Policy	Flex Cash	Cash
1	2.50	3.00
2	2.50	3.00
3	2.50	3.00
4	2.00	2.50
5	1.65	2.00
6	1.55	1.90
7	1.50	1.80
8	1.45	1.75
9	1.40	1.70

10+	1.35	1.65
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Gender Factors		
Underwriting	Male	Female
Full	0.829	1.105
Guaranteed	0.972	1.034
Simplified	0.825	1.031

Benefit Period Factors	
Benefit Period	Factor
3 Year (<1,642 days)	0.85
5 Year (1,642 to 2,006 days)	0.98
10 Year (2,007 days up to	1.05
Lifetime	0.98

Elimination Period Factors	
Elimination Period	Factor
30 Day	1.14
60 Day	1.10
90 Day and Later	0.96

Product Factors		
Duration	GLTC3	GLTC35
1	0.99	1.20
2	0.99	1.20
3	0.99	1.20
4	0.99	1.20
5	0.99	1.20
6	1.00	1.19
7	1.01	1.18
8	1.01	1.17
9	1.02	1.16
10	1.02	1.15
11	1.03	1.14
12	1.04	1.13
13	1.05	1.12

14	1.06	1.11
15+	1.06	1.10

Area Factors	
Product	Factor
GLTC3	0.99
GLTC35	1.00

Claim Management Savings: 0.95 Factor for all years.

- c. The analysis includes IBNR claims of \$224,425, allocated to 2013 incurred year.
- d. Please refer to the exhibit, “Appendix C - Exhibit 3 - Morbidity Details.xlsx” from the original filing for the requested information.

16. Regarding the Actual to Expected Mortality study:

- a) The results shows declining A/E ratios by attained age. Why is there this pattern if you used “steepening” factors? From your analysis, it appears mortality should have been lowered by 25% at ages under 60 and increased 25% at ages above 90, with grading in between 60 and 90.
- b) Please provide an analysis by gender.
- c) Provide the selection factors.
- d) Provide a comparison, by calendar year, of the actual mortality to that expected by the original pricing assumptions.

- a. In reviewing any mortality study, it is important to keep in mind that the number of deaths are likely underreported to some degree. There is little incentive for policyholders to notify a company of a death. A company only knows that the policy terminated. The mortality study did identify deaths by comparing insureds against the Social Security Administration’s Death Master File (DMF). A terminated policy is considered a death if it matched the DMF or was coded as “Death” in the administrative system. Otherwise, the terminated policy is considered a voluntary lapse (if it did not exhaust benefits). Despite our best efforts, deaths are likely understated. The best way to view terminations is in total. That way any miscoding of deaths will show up as voluntary lapses, but the total terminations will be correct.

The mortality study was based on analysis of the Company’s entire block of long term care business. As noted in the Actuarial Memorandum, the mortality “steepening” lowered mortality by 10% for ages less than 60 and raised the mortality 10% for ages above 100 (grading from 90% to 100% from age 60 to age 70 and then from 100% to 110% from age 90 to age 100). At the older ages, where mortality has a large impact on the projections, the mortality steepening factors first started to increase the mortality assumptions at age 90. The factors were 100% at age 90 and graded up to 110% by age 100. There are only 68 deaths for GLTC3, making its experience by itself not credible. So it was determined not to make any changes to those factors for this product. Please note that increasing mortality for ages 90 and up reduces the projection of the loss ratio.

- b. See ‘Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender.xlsx’ for an actual to expected analysis of mortality by calendar year and gender.
- c. The mortality selection factors are below.

Duration	Issue Age					
	18-59	60-64	65-69	70-74	75-79	80+
1	0.55	0.55	0.55	0.55	0.55	0.55
2	0.57	0.57	0.57	0.57	0.57	0.58
3	0.6	0.6	0.6	0.6	0.6	0.61
4	0.61	0.62	0.62	0.62	0.62	0.64
5	0.62	0.63	0.63	0.64	0.64	0.67
6	0.63	0.64	0.64	0.66	0.66	0.7
7	0.64	0.65	0.65	0.68	0.68	0.73
8	0.65	0.66	0.66	0.7	0.7	0.75
9	0.65	0.67	0.68	0.72	0.72	0.77
10	0.66	0.68	0.7	0.74	0.75	0.79
11	0.67	0.69	0.72	0.77	0.78	0.81
12	0.67	0.7	0.74	0.8	0.81	0.83
13	0.67	0.71	0.76	0.83	0.84	0.85
14	0.67	0.72	0.78	0.86	0.87	0.88
15	0.68	0.73	0.8	0.88	0.89	0.9
16	0.68	0.74	0.82	0.9	0.91	0.91
17	0.69	0.75	0.84	0.92	0.92	0.92
18	0.69	0.76	0.86	0.93	0.93	0.93
19	0.7	0.78	0.88	0.94	0.94	0.94
20	0.7	0.8	0.9	0.95	0.95	0.95
21	0.71	0.81	0.9	0.95	0.95	0.95
22	0.72	0.82	0.9	0.95	0.95	0.95
23	0.73	0.83	0.9	0.95	0.95	0.95
24	0.74	0.84	0.9	0.95	0.95	0.95
25	0.75	0.85	0.9	0.95	0.95	0.95
26	0.76	0.85	0.9	0.95	0.95	0.95
27	0.77	0.85	0.9	0.95	0.95	0.95
28	0.78	0.85	0.9	0.95	0.95	0.95
29	0.79	0.85	0.9	0.95	0.95	0.95
30+	0.8	0.85	0.9	0.95	0.95	0.95

- d. See ‘Appendix C - Exhibit 1 - Mortality Details - Calendar Year & Gender.xlsx’ for a mortality actual to expected analysis by calendar year and gender.

17. Please provide, in an Excel workbook, a status of approvals in other states. Include the in-force premium for each state.

Please see Appendix E for the in-force premium by state and our attached state disposition chart for the status of approvals in other states.

18. Are there any rate guarantees on this business? If so, how are they handled in the projections?

We do not include rate guarantees in our projections. We believe this to be immaterial, because there are relatively few clients with rate guarantees when compared to our total inforce.

19. Please confirm our understanding that all policies are lifetime pay. There are no limited pay options.

This is correct.

20. In lieu of the full rate increase, one option available to the insured is elimination of optional riders. Please confirm our expectation that if an automatic inflation rider is eliminated, the benefit amount would be frozen at the current amount and not revert back to the original benefit amount.

If the automatic inflation rider is eliminated, the benefit amount would revert back to the original benefit amount by default, though the policyholder can elect to keep their inflated benefit.

21. Please review the attached NAIC's Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response.

We have reviewed this bulletin and the filing is consistent with most of its recommendations. As stated above in question 12, the average maximum statutory valuation rate of 4.00% was used. The assumptions used to support this filing are the current best estimates and do not include any margin for adverse deviations. Please note that the approvals of rate increase, requirements to administer and offer a contingent non-forfeiture option are discussed in response to question 25 below. The proposed new loss ratio standards are met for pre-rate stability policies.

22. Please provide a copy of the notice that will be sent to the certificate holders affected by this rate increase for review.

Please see the attached policyholder notification letter.

23. Form number 83500 GBT T 5005 does not match exactly the form number that was approved under the state tracking number 7/16323. Our records show form number 83500 GBT T 5010 was approved. If this is the correct form number, please update the Rate/Rule Schedule accordingly; otherwise, please remove this form or advise under what filing and date this form was approved.

We apologize for the oversight. The rates pages are updated to reflect the correct form number and are attached.

24. The attached Rate Summary should be completed describing in plain, consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least explain to the consumer the assumptions and changes that are driving a need for an increase.

A high level description of why a rate increase is necessary is included in the policyholder notification letter.

25. Additional information will be needed in regards to the NAIC Bulletin that was sent with our previous objection letter as noted below:

a) If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement a future rate increase for three years from the date of implementation?

b) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase. If the company is agreeable to this, what implementation schedule would be offered?

c) The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

1) For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and

2) Without reference to the table of trigger percentages for policies that have reached their 20th duration and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

d) The policyholder letter will clearly disclose the following:

1) the amount of the premium rate requested and implementation schedule

2) available benefit reduction/rate increase mitigation actions

3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases

4) offer of contingent benefit upon lapse

In addition, policyholder letters should provide an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase. Any reference to laws and regulations of the state should be expanded to state the State Corporation Commission reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

a. Yes, we agree to these terms.



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- b. Yes, we agree to this. We generally encourage implementation over 2 to 3 years to lessen the impact of the rate increase on the policyholder.
- c. We will provide contingent benefit upon lapse to all policyholders, regardless of any benefit triggers.
- d. The policyholder letter includes all of these points.

26. The Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. Because this would be a part of the entire contract, such a form would require review and approval; the company can no longer simply send a revised policy schedule page. If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

For clarification purposes, the company may include a revised Schedule of Benefits page in addition to the endorsement if the company so chooses.

This issue is being discussed separately in conjunction with The Bureau and will respond under a separate cover letter at a later time.

Sincerely,

Ritu

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: 2015.06.26 14:36:08 -04'00'

Ritu Jain, ASA, MAAA
Associate Actuary
Prudential Long Term Care

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

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

83500 BFW 5013 83500 GBT T 5010 83500 LTC T 5011 83500 LTC T 5012 83500 LTC T 5013	GLTC-3 Periodic Inflation Automatic Compound Inflation Automatic Compound Inflation With Cap Automatic Simple Inflation
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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.

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 this, we are requesting a total rate increase of 40% for the series of forms 83500 BFW 5013, et al in the state of Virginia. The first increase will be 18.3% followed by a second increase of 18.3% one year later. This same increase is also being requested nationwide on comparable forms. It impacts a broad group of long term care insurance customers and is not based on any individual's personal factors, such as health status or claim history.

Prudential determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates.

After conducting an extensive review of our actual experience concerning each of these factors, Prudential determined that a premium increase is needed to help ensure that future premiums, in combination with existing reserves, will be adequate to fund anticipated claims.



The Prudential Insurance Company of America
Long-Term Care Customer Service Center
P.O. Box 8526
Philadelphia, PA 19176-8526
Tel: 1-800-732-0416

Client Name
GROUP CONTRACT NO. : [LT-12345-99]
LONG TERM CARE INSURANCE PLAN
CONFIRMATION STATEMENT

NAME [JOE SAMPLE]	CERTIFICATE NO.:	[1234567890]
ADDRESS [SAMPLE LANE]	DATE OF BIRTH:	[01/01/1900]
CITY, STATE ZIP [ANYTOWN, PA, 12325]	STATEMENT DATE:	[July 1, 2015]

This statement confirms that the person named above has applied and been accepted for Coverage under Prudential's Long Term Care Insurance Plan. Your Coverage provides payment for Eligible Charges for your Long Term Care expenses. The Certificate of Insurance includes all Plan Options available. This Confirmation Statement lists the Plan Option and any other optional benefits you elected when you enrolled for Coverage. Please consult the Schedule of Benefits found in the Certificate of Insurance for a list of benefits under the Plan Option you have chosen. All benefits are subject in every way to the entire Group Contract which includes the Certificate of Insurance.

NURSING HOME CARE DAILY MAXIMUM	[\$XXX.XX]
ASSISTED LIVING FACILITY / RESIDENTIAL CARE FACILITY DAILY MAXIMUM	[\$XXX.XX]
HOME CARE DAILY MAXIMUM	[\$XXX.XX]
BENEFIT WAITING/ELIMINATION PERIOD	[XX DAYS]
INFLATION PROTECTION	[PERIODIC OFFERS]
NON-FORFEITURE BENEFIT	[CONTINGENT]
PREMIUM REFUND AT DEATH BENEFIT	[YES]
LIFETIME MAXIMUM BENEFIT	[\$340,545]
ORIGINAL EFFECTIVE DATE	[06/01/2006]
MONTHLY PREMIUM AMOUNT	[\$197.71]
SPOUSAL DISCOUNT	[YES - 10%]

You have elected to pay Long Term Care Insurance Premiums as follows:

PREMIUM PAYMENT METHOD:	[DIRECT BILL]
FREQUENCY:	[ANNUALLY]
AMOUNT:	[\$X,XXX,XX]

This document serves as your proof of Coverage. Keep this Confirmation Statement and your Certificate of Insurance in a safe place with your other important documents.

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/scc>

STATE CORPORATION COMMISSION BUREAU OF INSURANCE

April 5, 2002

RECEIVED APR 15 2002

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
1 RAVINIA DRIVE, SUITE 600
ATLANTA, GA 30346-2103
Attn: KAREN L. SMYTH, FLMI, ACS, AIAA
ASSISTANT SECRETARY

RE: YOUR SUBMISSION DATED MARCH 5, 2002
Submission No: 007 0000016323

Dear Ms. Smyth:

Thank you for the submission that was received in this office on 03/07/02.

During a discussion with my supervisor, it was determined that "qualified adult", as defined in your forms, is not a legal term that is recognized in Virginia. Please delete the references for compliance with Section 38.2-316 D 1 of the Code of Virginia.

The long term care insurance personal worksheet does not contain a "check one" directive for the "how will you pay each year's premium?" question.

Please provide direction with respect to how form number 83500 GR 1062 is to be used. It does not appear in your list of forms.

Form number GRP 99922, confirmation statement, does not appear to be a permanent part of the entire contract, and should not be presented for consideration of approval. If this assessment is incorrect, please provide an explanation.

The following forms do not appear to be subject to filing or approval requirements of Virginia, and are returned without review or any action taken: GRP 112127 (outline of coverage), GRP 112125 (Things You Should Know Before You Buy Long-Term Care Insurance), and GRP 112407 (Potential Rate Increase Disclosure Form).

Please present the forms that are under consideration for approval in the manner in which they will be marketed for final print as required by 14 VAC 5-100-50 3. Some of your revisions resulted in duplicate page numbers, missing page numbers, and inconsistent schedule references.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

April 5, 2002

Page 2

We shall be glad to reconsider this submission upon receipt of conforming items.

When corresponding with us concerning this submission, please refer to the Submission Number noted above, and display your company's NAIC number.

Thank you for your courtesy and consideration in this matter.

Yours Truly,

A handwritten signature in cursive script that reads "Mary Ann Mason".

Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9348

The Prudential Insurance Company of America
Long Term Care Unit
1 Ravinia Drive, Suite 600
Atlanta, Georgia 30346
Tel 770 604-7392 Fax 770 604-7336

April 17, 2002

Mary Ann Mason, FLMI, AIE, HIA
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Virginia Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, Virginia 23218

Re: NAIC #304-68241
Form Number: 83500 BFW 5013 et al
Your Submission No: 007 0000016323
Your Correspondence: April 5, 2002



APPROVED
Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

DATE 5/8/02
BY adm

Dear Ms. Mason:

Thank you for your above-captioned correspondence. Allow me to address your comments.

- 1) References to Qualified Adult have been removed from the certificate.
- 2) The "check one" words were added to the Personal Worksheet next to the "how will you pay each year's premium" question.
- 3) Form 83500 GR 1062 is part of the Group Contract document that is issued to a group policyholder; it was previously filed and approved.
- 4) We do hereby withdraw from consideration GRP 99922.
- 5) We do hereby withdraw from consideration GRP 112127, GRP 112125 and GRP 112407.
- 6) A complete copy of all forms, properly paginated, are enclosed.

I trust you will now find this filing in order. I look forward to receiving approval from you in the very near future.

Very truly yours,



Karen L. Smyth
Assistant Secretary

Enclosures

Attachment

The Prudential Insurance Company of America
Group Long Term Care Insurance Forms

<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>	<u>WORDS</u>	<u>SENTENCES</u>	<u>SYLLABLES</u>
83500 BCOV 1004	The flesch score for all of the certificate pages combined is 40.7	11,834	578	62,166
83500 BFW 5013*				
83500 BTC 5005*				
83500 BSB 5005*				
83500 BEL 5008*				
83500 PRM 5010*				
83500 LTC R 5023*				
83500 GBT T 5010*				
83500 BGX 5010*				
83500 COB 5002*				
83500 BCL 5010*				
83500 BAS 5014*				
83500 BTE 5008*				
83500 LTC T 5011*	45.0	325	14	1,754
83500 LTC T 5012*	41.4	716	34	3,828
83500 LTC T 5013*	42.4	333	14	1,765
83500 LTC T 5014*	46.0	407	19	2,064
83500 LTC T 5015*	45.8	292	12	1,522
83500 LTC T 5016*	55.2	371	7	1,839
83500 LTC T 5017*	51.5	380	13	1,781
83500 LTC T 5042*	45.1	377	21	1,954
83500 LTC T 5019*	53.8	376	18	1,922
GRP 112265	41.9	1504	79	7,991
GRP 112266	44.9	2,687	136	14,715

GRP 112267	46.1	1,234	68	6,601
GRP 112406	62.5	735	38	3,723

* This form will be used as a certificate insert page in any certificate evidencing insurance under a group contract containing the form.

Appendix A
The Prudential Insurance Company of America
GLTC3

Virginia

Requested Rate Increase for All Policies = 40%

8. Average Annual Premium

The average annual premium for this form and associated riders, prior to the rate increase, is:

Virginia	\$853
Nationwide	\$982

The average annual premium for this form and associated riders, after the rate increase, is:

Virginia	\$1,194
Nationwide	\$1,374

13. Satisfaction of Loss Ratio Requirements

Pre-Rate Stability Requirement:

1) Expected Lifetime Loss Ratio with Rate Increase	108%
2) Minimum Required Loss Ratio	60%
Is 1 greater than 2?	Yes

Rate Stability Requirement

1) Total Incurred Claims	\$2,669,810,109
58% of initial premium	\$1,202,966,155
85% of increased premium	\$361,244,605
2) Sum of 58%/85% Premium	\$1,564,210,760
Is 1 greater than 2?	Yes

16. Lifetime Loss Ratio - Nationwide

The Lifetime Loss Ratio for all policies without the requested rate increase is:	129%
The Lifetime Loss Ratio for all policies with the requested rate increase is:	108%

17. History of Rate Adjustments

No prior rate increases

18. Number of Policyholders and Annualized Premium as of September 30, 2013

	All Policies	
	Policies	Premium
Virginia	4,800	\$4,093,440
Nationwide	103,540	\$101,630,061

**Prudential Long Term Care
Group Product Comparison Grid**

Product	GLTC1	GLTC2	GLTC3	GLTC3.5	GLTC4
Issue Ages	18-84	18-84	18-84	18-84	18-84
Premium Pay Period	Lifetime Level	Lifetime Level	Lifetime Level	Lifetime Level	Lifetime Level 10 Pay Paid Up at 65 Reduced at 65
Premium Mode	Annual Semi-Annual Quarter Monthly(EFT/Payroll Deduction)	Annual Semi-Annual Quarter Monthly(EFT/Payroll Deduction)	Annual Semi-Annual Quarter Monthly(EFT/Payroll Deduction) 13 per Year 24 per Year 26 per Year	Annual Semi-Annual Quarter Monthly(EFT/Payroll Deduction) 13 per Year 24 per Year 26 per Year	Annual Semi-Annual Quarter Monthly(EFT/Payroll Deduction)
Home Care %	50% 67% 80%	50% 60% 75% 80% 100%	50% 60% 67% 75% 80% 100%	50% 60% 67% 75% 80% 100%	50-100%
Elimination Period (EP)	Calendar Day EP 30 60 90	Calendar Day EP 0 30 60 90	Calendar Day EP 0 30 60 90 180 365 EP Waived for Hospice	Calendar Day EP 0 30 60 90 180 365 EP Waived for Hospice	Calendar Day EP 30 60 90 120 180 365 EP Waived for Hospice
Lifetime Maximum Benefit	3 5 10	3 4 5 10 Unlimited	2 3 4 5 10 Unlimited Restoration of Benefits	2 3 4 5 10 Unlimited Restoration of Benefits	2 3 4 5 6 10 Unlimited Restoration of Benefits Shared Care
Daily Benefit	\$50-150	\$50-350	\$50-500	\$50-500	50-500, \$5 increments
Reimbursement	Daily	Daily Cash Benefit (Option)	Daily Cash Benefit Monthly Benefit Informal Caregiver Benefit	Daily Cash Benefit Monthly Benefit Informal Caregiver Benefit	Daily Cash Benefit (Rider) Monthly Benefit (Rider) Flexible Cash Benefit (Rider)
Non-Forfeiture Benefits	Return of Premium Reduced Paid UP Extended Term	Shortened Benefit Period Return of Premium	Shortened Benefit Period Return of Prem (Only Deloitte Upg) Contingent Non Forfeiture	Shortened Benefit Period Return of Prem (Only Deloitte Upg) Contingent Non Forfeiture	Shortened Benefit Period Return of Premium Contingent Non Forfeiture
Inflation Options/Riders	Periodic	Periodic Automatic 5% Compound	Periodic Automatic 5% Compound Automatic 5% Compound(2x max) Automatic 5% Simple No Inflation (No Voluntary GLTC contract have this option: Coverage for core plans issued 7/1/2009 and later have no inflation)	Periodic Automatic 5% Compound Automatic 5% Compound(2x max) Automatic 5% Simple No Inflation (No Voluntary GLTC contract have this option: Coverage for core plans issued 7/1/2009 and later have no inflation)	Automatic 5% Compound Automatic 5% Compound(2x max) Automatic 5% Simple Guaranteed Purchase Option (GPO) No Inflation
Waiver of Premium	Standard Some older policies only waive if in Nursing Home	Standard	Standard Waiver Shared Waiver of Premium Survivor Benefit (No GLTC3 contracts have this option)	Standard Waiver Shared Waiver of Premium Survivor Benefit (No GLTC3 contracts have this option)	Standard Waiver Joint Waiver of Premium Survivor Benefits
Death Benefits	Return of Premium Four different death benefit options	Return of Premium 100% of Premium until age 64, decreasing by 10% each age less benefits paid	Return of Premium 100% of Premium until age 64, decreasing by 10% each age less benefits paid	Return of Premium 100% of Premium until age 64, decreasing by 10% each age less benefits paid	Return of Premium Pays a portion of total premium less benefits paid
Discounts	Spouse	Spouse	Spouse	Spouse	Spouse
Other Base Coverage	ALF not specified contractually	ALF paid at home care maximum Can opt to have ALF paid at nursing home maximum	ALF paid at home care maximum (can choose ALF option) Bed Reservation Caregive Training Independent Support Private Care Management Alternative Plan of Care Hospice Care	Cash Alternative (Home Care) International Coverage ALF paid at home care maximum (can choose ALF option) Bed Reservation Caregive Training Independent Support Private Care Management Alternative Plan of Care Hospice Care	Cash Alternative (Home Care) International Coverage ALF paid at home care maximum Respite Care Bed Reservation Home Support Services Alternative Plan of Care Private Care Consultant Hospice Care

The Prudential Insurance Company of America
 Representative Cells for Policy Forms: GLTC1, GLTC2, GLTC3, GLTC4
 Gross Monthly Premium
 Nationwide Base Rates

GLTC1		
\$100 Daily Benefit Amount 90 Day Elimination Period 5 Year		
Age 40-44	\$	15.10
Age 45-49	\$	23.53
Age 50-54	\$	36.55
Age 55-59	\$	55.72
Age 60-64	\$	86.48
Age 65-69	\$	140.46

GLTC2		GLTC3		GLTC4		
Per \$100 of Nursing Home Daily Benefit 90 Day Elimination Period Home Care or Cash Benefit Equal to 50% of Nursing Home Daily Benefit 5 Year No Inflation Reimbursement		Per \$100 of Nursing Home Daily Benefit 90 Day Elimination Period Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit 5 Year No Inflation Reimbursement		Per \$100 of Facility Care Daily Benefit 90-Day Elimination Period Home Care Daily Benefit: 50% of Facility Care Daily Benefit 5 Year No Inflation Reimbursement		
Age 40	\$	12.00	\$	12.00	\$	12.96
Age 45	\$	17.10	\$	15.84	\$	17.92
Age 50	\$	24.37	\$	20.92	\$	24.78
Age 55	\$	36.64	\$	30.65	\$	35.49
Age 60	\$	55.07	\$	44.92	\$	50.85
Age 65	\$	82.90	\$	68.00	\$	78.95

State	Submission Date	State Disposition	Approval Date	Product	Rate Increase Percentage Requested	Rate Increase Percentage Approved
Alabama	6/13/2014	Approved	8/3/2015	GLTC3	40%	30%
Alaska	5/5/2014	Approved	5/5/2014	GLTC3	40%	40%
Arizona	5/5/2014	Approved	5/5/2014	GLTC3	40%	40%
Arkansas	5/23/2014	Approved	8/26/2014	GLTC3	40%	10%
California	9/5/2014			GLTC3	40%	
Colorado	9/30/2014	Approved	11/28/2014	GLTC3	40%	40%
Connecticut	8/14/2014			GLTC3	40%	
District of Columbia	8/13/2014	Approved	12/22/2014	GLTC3	10%	10%
Delaware	6/13/2014	Approved	11/3/2014	GLTC3	25%	25%
Florida		No Inforce Policies		GLTC3		
Georgia	6/13/2014	Approved	10/24/2014	GLTC3	40%	12%
Guam		No Inforce Policies		GLTC3		
Hawaii	8/21/2014			GLTC3	40%	
Idaho	6/23/2014	Approved	12/8/2014	GLTC3	40%	40%
Illinois	9/4/2013			GLTC3	40%	
Indiana	8/5/2014	Approved	12/1/2015	GLTC3	40%	40%
Iowa	7/17/2014	Approved	1/12/2015	GLTC3	40%	18%
Kansas	9/30/2014	Approved	3/23/2015	GLTC3	30%	30%
Kentucky	6/16/2014	Approved	9/10/2014	GLTC3	40%	25%
Louisiana	6/6/2014	Approved	1/13/2015	GLTC3	40%	20%
Maine	8/5/2014	Approved	2/12/2015	GLTC3	40%	40%
Maryland	8/25/2014	Approved	2/6/2015	GLTC3	15%	15%
Massachusetts	5/5/2014			GLTC3	40%	
Michigan	5/23/2014	Approved	6/10/2014	GLTC3	40%	40%
Minnesota	7/16/2014			GLTC3	40%	
Mississippi	6/6/2014	Approved	7/24/2014	GLTC3	25%	25%
Missouri - Pre-RS	4/21/2015	Approved	5/7/2015	GLTC3	30%	30%
Missouri - Post-RS	8/26/2014	Approved	1/8/2015	GLTC3	40%	30%
Montana	7/17/2014	Approved	5/15/2015	GLTC3	40%	26%
Nebraska	6/2/2014	Approved	2/20/2015	GLTC3	40%	40%
Nevada	6/23/2014	Approved	2/25/2015	GLTC3	40%	40%
New Hampshire	8/6/2014			GLTC3	40%	
New Jersey	5/5/2014	Approved	7/9/2014	GLTC3	40%	40%
New Mexico	6/2/2014			GLTC3	40%	
New York	10/24/2014	Approved	7/10/2015	GLTC3	40%	5%
North Carolina	8/18/2014	Approved	7/20/2015	GLTC3	40%	40%
North Dakota		No Inforce Policies		GLTC3		
Ohio	9/4/2014	Approved	1/15/2015	GLTC3	40%	40%
Oklahoma	6/6/2014	Approved	11/21/2014	GLTC3	40%	25%
Oregon	7/17/2014	Approved	12/30/2014	GLTC3	40%	40%
Pennsylvania	6/23/2014	Approved	7/18/2014	GLTC3	40%	40%
Rhode Island		No Inforce Policies		GLTC3		
South Carolina	5/9/2014	Approved	10/21/2014	GLTC3	40%	20%
South Dakota	6/23/2014	Approved	8/22/2014	GLTC3	40%	40%
Tennessee	6/9/2014	Approved	9/19/2014	GLTC3	40%	40%
Texas	9/5/2014			GLTC3	40%	
Utah	8/29/2014	Approved	4/8/2015	GLTC3	40%	40%
Vermont	7/17/2014			GLTC3	40%	
Virginia	9/4/2014			GLTC3	40%	
Washington	6/27/2014	Approved	8/14/2014	GLTC3	40%	40%
West Virginia		No Inforce Policies		GLTC3		
Wyoming		No Inforce Policies		GLTC3		
Wisconsin	7/16/2014	Approved	12/29/2014	GLTC3	40%	40%

Date: July 6th, 2016

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated: 08/14/2015
GLTC-3 & 3.5 Re-Rate

Dear Ms. Houser,

This is in response to your question on 08/14/2015.

[Objection 1](#)

Comments:

According to your correspondence a copy of the policyholder notification letter was attached; unfortunately, we are unable to locate the attachment. Since our previous correspondence, 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. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at <http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748>.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. A summary of the new requirements are:

- **The notice is required to be filed with the commission at the time the premium rate increase is filed;**
- **The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;**
- **The notice is required to include at least the following information:**
 1. **All applicable information identified in 14VAC5-200-75 including A 1, A 2, A 3 and A 4 a and b.**
 2. **A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:**
 - a. **An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;**
 - b. **A disclosure stating that all options available to the policyholder may not be of equal value;**
 - c. **In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and**

- d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

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

As a result, the company will need to submit for review policyholder notification letters in compliance with the requirements of 14VAC5-200-75, as revised. Because the letters must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letters will require a form number. Please include a Statement of Variability, if applicable.

Please refer to the Advanced Notification Letter (GRP 115128) attached to the Forms Schedule Tab of this filing.

[Objection 2](#)

Comments:

In response to our objection #24, the company indicated the reason for the rate increase is provided in the policyholder notification letter. For our purposes a narrative is required for the Rate Summary and should be completed as requested.

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 is 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.

[Objection 3](#)

Comments:

The Actuarial Memorandum refers to Appendix A which is no longer attached to the memorandum. Please attach Appendix A as a separate document under Supporting Documentation.

Please see the attached Appendix A as a separate document under Supporting Documentation.

Objection 4

Comments:

1. In Exhibit 3 of Appendix C, the chart shows the expected severity of claims by calendar year. For the years 2009-2012, the population count is relatively stable, and the expected severity is as well. Please explain the large dip in expected severity for 2013.

The company is currently in the planning phase of updating assumptions and projections with experience through June 30th, 2016. Consequently, we will be providing VA DOI an updated Actuarial Memorandum along with associated appendices based on 2016 assumptions. We hope this will meet the guidelines of both administrative code 14VACS5-200-125 for Annual Rate Reports as well as some of the inquiries that cannot readily be provided in this objection. As such, we feel addressing the dip in expected severity with updated material will provide a state with a more current narrative.

2. Please provide a comparison of the GLTC1, GLTC2, GLTC3 and GLTC4 policy forms in terms of benefits , issue years, rates for representative cells, and current or anticipated rate actions.

- a. Benefits: Please see the attached product summary for a comparison of benefits offered at the time of original filing for GLTC1, GLTC2, GLTC3 and GLTC4.
- b. Issue Years: The chart below summarizes the active marketing period of each policy form and allows for an effective comparison of issue year ranges.

Policy Form	Active Marketing Years
GLTC1	1990 –1998
GLTC2	1998 - 2002
GLTC3	2002 –2012
GLTC4	2009 –2012

- c. Rates for representative cells: Please see attached document that shows representative cells of monthly premium rates of each policy form at the time of original pricing. Although, significant effort was expended in showing comparable rates, difference in underwriting standards, risk classes, product design, profit objectives and other numerous factors should be noted when comparing premiums.
- d. Current and Anticipated Rate Actions: The chart below summarizes the current and anticipated rate actions for GLTC3. Should future experience deteriorate beyond current expectations, additional rate increases beyond those shown below may be needed.

Actual Past and Projected Future Average Rate Increases		
	Nationwide	Virginia
	GLTC3	GLTC3
Total Past Requested	40.0%	40.0%
Total Past Approved	23.6%	0.0%

Total Past Shortfall	13.3%	40.0%
* Future Anticipated Requested Rate Increases		
2016 (Past Shortfall)	13.3%	40.0%
2016 (New)	0%	0%
2017	0%	0%
Cumulative Request	13.3%	0.0%
Total Cumulative Past and Future	40.0%	40.0%

* The future anticipated rate increases assume that the requested amount will be approved. If lower than expected amounts are approved by the states, additional rate increase requests will be submitted beyond 2017 to seek approvals for the difference.

3. Please provide a more detailed explanation of your view of the credibility of the GLTC3 block of business, including the standard being used by the Company for full credibility.

As discussed in Objection 4, #1, the Company will address credibility once new assumptions are set.

4. Since the lapse assumptions vary by segment (Core, one large group, other), please provide a split of the historical lapse experience study by segment.

As discussed in Objection 4, #1, the Company will provide the lapse assumptions varied by segment with updated historical lapse experience.

5. We were unable to locate the state disposition chart referenced in #17 of your June 24, 2015 response.

Please refer to the current state disposition chart attached to the Supporting Documentation Tab of this filing.

6. Please update the loss ratio projections with actual experience through a more recent date, such as 12/31/2014.

As discussed in Objection 4, #1, the Company will provide updated loss ratio projections with June 30th, 2016 experience.

Objection 5

Comments:

This is in response to the company's concerns regarding how a certificate may be updated:

While there is no statute or regulation that specifically requires an endorsement be used to make a change in coverage, the provisions of 14 VAX 5-200-70 B clearly contemplate that a rider or endorsement be used to effectuate a change in coverage. We believe that basic contract law would require that if a company receives a request for a change in benefits from an insured, then it must



Keith Burns, ASA, MAAA
Prudential Long Term Care
100 Mulberry St.
2 Gateway Center, 11th Floor
Tel (402)715-4861
keith.burns@prudential.com

provide a document (rider, endorsement, application or schedule of benefits – that has been filed and approved by Bureau) back to the insured with the following:

- **Date of document or indication of effective date of change in policy benefits;**
- **Some indication in writing in the document that a change is being made to the policy, and this new document is to be made a part of the contract.**

Otherwise, the change would not be documented and the terms of the contract legally revised, and the coverage would be inconsistent with that stated in the original application attached to the policy. Although we'll certainly be glad to discuss other alternatives and review any legal analysis to the contrary, the company is expected to make any policy changes as indicated above.

To satisfy the Department's requirements, we ask that you please refer to form GRP 115125, submitted to the Department for review on September 4, 2015. This form can be referenced on the Forms Schedule Tab of this filing.

Thank you for the continued review of this filing. We trust this information satisfies the Department's concerns. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Keith Burns".

Keith Burns, ASA, MAAA
Vice President and Actuary

Enclosures



Keith Burns, ASA, MAAA
Prudential Long Term Care
100 Mulberry St.
2 Gateway Center, 11th Floor
Tel (402)715-4861
keith.burns@prudential.com

Date: November 9, 2016

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated: 08/11/2016
GLTC-3 & 3.5 Re-Rate

Dear Ms. Houser,

This letter is written in response to the Department's letter of objection dated 08/11/2016.

Objection 1

Comments:

The Long Term Care Insurance Change Request Form is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. In other words, a form should always remain complete; by removing pages, the form becomes incomplete. As a result, please make the change form a separate form and attach it to Supporting Documentation for review.

If, however, the form becomes a part of the entire contract, a unique form number should be assigned to the form and should be attached to the Form Schedule separately from the policyholder letter.

At the direction of the Department, we have separated the Change Request Form from the notification letter and assigned it a unique and separate form number, (GRP 115128A). This form can be referenced on the Forms Schedule Tab of this filing.

Objection 2

Comments:

Thank you for providing a policyholder notification letter for compliance with 14VAC5-200-75 D. With sufficient variability, the company may use a "filed" letter for future long term care rate increases without having to submit a filed letter at the time of each rate increase request. We are aware the company has submitted a letter with its filing for individual LTC business under SERFF tracking # PRUD-130596260 for which objections have previously been

provided. It is entirely the company's choice to use that letter for both individual and group long term care blocks with adequate variability.

In the event the company wishes to have a separate group letter, the following concerns should be addressed:

1) For compliance with 14VAC5-200-75 D 1 and 14VAC5-200-75 A 2 and A 4 b, clearly state the policy may be subject to future increases; and if there are such increases, options similar to those being offered now will be available and that changes in benefits may be done at any time upon the insured's request. Please include a statement the insured has a right to a revised premium rate or rate schedule upon request.

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

a) Please provide a clear explanation of the options available to the policyholder as alternative to paying the increased premium amount. Currently, the letter offers to reduce the daily maximum amount and/or Lifetime maximum amount, and exercise the nonforfeiture benefit or elect a contingent non-forfeiture right. Since the Long Term Care Insurance Change Request Form is separate and apart from the letter, information in that form may not be used to satisfy the requirements set forth in 14VAC5-200-75 D. Although the letter states on page 2 that there may be additional options available, the letter does not mention the inflation riders that are included in the change form; however, the form does not appear to include all potential options the insured may select. Our concern is that the insured may assume after reviewing the Personalized Options in the letter and reviewing the change form, there are no other available options. To avoid that potential misunderstanding, the ending of the letter should again remind the insured there may be other options such as removing and amending riders or the elimination period and to contact the Customer Service area for more information. The Long Term Care Insurance Change Request Form should include the same information as well.

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

c) It should be clear to the insured how the paid-up value would be calculated for both the non-forefeiture and contingent benefit upon lapse options as set forth in 14VAC5-200-185 E 3 and F. Please include such in the letter. The paid up value is based on the premium paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in

no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

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

4) For compliance with 14VAC5-200-75 D 3, the letter should be more specific as to what are the driving factors of the premium rate increase. What assumptions and other factors were evaluated and found to be inadequate when the policy was originally priced? Below is an example of a clearer explanation of a rate increase:

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

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

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

7) Please provide a Statement of Variability for the policyholder letter, Change Form, and Frequently Asked Questions (FAQ) for review.

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

9) Since this is a group policy, rather than use the term "policy", please use the term "certificate" which is more accurate wherever it appears in the letter.

10) Is the Frequently Asked Questions Relating to Premium Increase intended to be a part of the letter or a separate enclosure? If intended as a separate enclosure, please move the document to Supporting Documentation.

Pursuant to section 14VAC5-200-75, we have revised the policyholder notification letter to comply with the state's requirements. The notification letter, form GRP 115128, can be referenced on the Forms Schedule Tab of this filing. Additionally, the Frequently Asked Questions document has been revised as suggested. At Statement of Variability for these forms can be referenced on the Supporting Documentation Tab of this filing.

Objection 3

Comments:

The Actuarial Memorandum states this increase applies to all future periodic inflation protection offers and stated that if the automatic inflation rider is eliminated, the benefit amount would revert back to the original benefit amount by default, though the policyholder can elect to keep their inflated benefit. For further clarification, 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.

Objection 4

Comments:

Thank you for your response to our objection 2. Please include this narrative as a second page to the Rate Summary.

At the request of the Department, we have added a narrative to page 2 of the Rate Summary.



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Objection 5

Comments:

According to the response letter, the company is planning to update its assumptions and projections with experience through June 30th, 2016. We will not do an in-depth actuarial review until that information is submitted.

The company has agreed to provide projections with experience through June 30th, 2016. We recognize that the in-depth actuarial review will be deferred to the submission of this material.

Thank you for the continued review of this filing. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Keith Burns".

Keith Burns, ASA, MAAA
Vice President and Actuary
Prudential Long Term Care

**Manual of Variable Language for
Group Long Term Care Insurance
Forms GRP 115125, GRP 115128 & GRP 115279**

General References

The enclosed forms contain variable and illustrative material set forth in brackets.

Illustrative material consists of any entries such as names, dates, amounts, percentages, etc.

The bracketed references and surrounding text will be appropriately modified to reflect proper grammatical form.

The remaining bracketed items are intended to vary as follows:

Form GRP 115125 - Endorsement

- 1) Tel: This variable field will reflect the tollfree customer service telephone number. The variability of this field allows for telephone number updates/changes.
- 2) Fax: This variable field will reflect the customer service fax number. The variability of this field allows for telephone number updates/changes.
- 3) Date: This variable field will reflect the date the Endorsement is issued.
- 4) Re: This variable field will reflect the certificateholder's name.
- 5) Certificate Number: This variable field will reflect the certificateholder's certificate number.
- 6) Group Contract Number: This variable field will reflect the Policyholder's contract number.
- 7) Secretary: This variable field will reflect the name of the company secretary.
- 8) 800 Toll Free Customer Service Number (last paragraph, page 1) - This variable field will reflect the tollfree customer service telephone number and is variable to allow for any updates or changes.
- 9) Hours of Operation Field – This field is variable to allow for any future updates or changes to the customer service center's hours of operation.

Form GRP 115128 – Advanced Notification Letter

- 1) **Please note:** The tollfree number and hours of operation appear throughout the letter as variable fields to allow for any future updates or changes.
- 2) Please note: all text appearing in red in the final version of the policyholder letter will not appear in the letter when sent to the insured. Such language has been included to provide clarification for the reviewer.
- 3) “We are writing to inform you that we are increasing the premium for the above-referenced long term care insurance coverage...”. If the Department approves a rate increase that does not involve multiple years of implementation, the bracketed information will appear. The multiple years bracketed section will be omitted.
- 4) **IF STATE APPROVED A SINGLE INCREASE:** If the Department approves a single rate increase the first bracketed paragraph will appear. The bracketed fields within this paragraph represent the rate increase percentage, the certificateholder’s payment mode (monthly, quarterly, semiannually or annually), along with their current premium amount and their new premium amount. The bracketed date fields represent the effective date of the new premium.
- 5) **IF STATE APPROVED INCREASES OVER MULTIPLE YEARS:** If the Department approves a rate increase that is implemented over multiple years the bracketed paragraph will appear and will be tailored to the number of years needed for implementation. The bracketed section prior to this section for a single increase will be omitted. The bracketed fields within this paragraph represent the total rate increase percentage and the initial premium percentage that will be implemented.
- 6) The paragraph proceeding the premium increase charts contains bracketed fields that will reflect the certificateholder’s current premium and the premium payment mode, (monthly, quarterly, semiannually or annually).
- 7) The term “increase” will appear in the bracketed field if the state approves a single increase. The term “increases” will appear in the bracketed field if the state approves multiple increases.
- 8) **IF STATE APPROVES A SINGLE INCREASE:** If the Department approves a single rate increase the single increase chart will appear. The new premium column will include the certificateholder’s premium payment mode, (monthly, quarterly, semiannually or annually.)

- 9) **IF STATE APPROVED INCREASES OVER TWO YEARS:** If the Department approves a rate increase over a two year period, the two years increase chart will appear. The new premium column will include the certificateholder's premium payment mode, (monthly, quarterly, semiannually or annually.)
- 10) **IF STATE APPROVED INCREASES OVER THREE YEARS:** If the Department approves a rate increase over a three year period, the three years increase chart will appear. The new premium column will include the certificateholder's premium payment mode, (monthly, quarterly, semiannually or annually.)
- 11) **SUBSEQUENT INCREASES:** The section will appear in the lead paragraph of the second and third rate increase notification letter/s if the increase is being implemented over multiple year.
- 12) **IF STATE APPROVED INCREASES OVER TWO YEARS:** If the Department approves a rate increase that is implemented over multiple years the bracketed paragraph will appear in the Notification Letter during the second year of implementation of the rate increase.
- 13) **IF STATE APPROVED INCREASES OVER THREE YEARS:** If the Department approves a rate increase that is implemented over multiple years the bracketed paragraph will appear in the Notification Letter during the third year of implementation of the rate increase.
- 14) **IF DIRECT BILL, IF EFT, IF PAYROLL DEDUCTION:** The section that aligns with the planholder's billing type will appear the others will be omitted. No other changes will be made to this section.
- 15) **IF AT MIMINUM, IF NOT AT MINIMUM:** Only one paragraph will appear depending on the status of the planholder's current benefit levels. No other changes will be made to these sections. (Please note: the maximum daily benefit amount ranges between \$50 to \$500 per day. Therefore, the minimum benefit level is 50%.)
- 16) "Personalized Options to Reduce the Impact of the Premium Rate Increase" – This section will only appear if the planholder qualifies for additional options to reduce their coverage.
- 17) **IF NFO, if CNFO:** Depending of the planholder's benefit configuration, only one paragraph will appear. No other changes will be made to these sections.
- 18) **IF ADDITIONAL INCREASE IS CERTAIN, IF ADDITIONAL INCREASES ARE POSSIBLE:** Depending on future plans for rate increases in the state,

only one paragraph will appear. No other changes will be made to these sections. 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.

- 19) **IF THERE ARE ALTERNATIVE BENEFIT QUOTES:** This paragraph will appear as presented if there are options to reduce benefits in order to help mitigate the rate increase for the planholder outside of those provided. If there are no alternative benefit options available, this section will not appear.

Form GRP 115279 - Frequently Asked Questions

Will you raise premiums on these policies again?: The bracketed response to the question “will vary depending upon whether a future rate increase is “possible” or “certain.”

Form GRP 99922 – Confirmation Statement Form

Tel - This variable field will reflect the tollfree customer service telephone number and is variable to allow for any updates or changes.

GROUP CONTRACT HOLDER NAME – This field will reflect the name of the company or association group policyholder.

GROUP CONTRACT NUMBER – This field will reflect the Policyholder’s group contract number.

Name and Address: These variable fields will reflect the name and address of the insured.

CERTIFICATE NO – This variable field will reflect the insured’s personal certificate number.

DATE OF BIRTH – This variable field will reflect the insured’s date of birth.

STATEMENT DATE – This variable field will reflect the date the Confirmation Statement is issued.

PLAN OPTION SELECTED – This variable field will reflect the insured’s nursing home care and home and community care daily benefit amounts.

BENEFIT WAITING/ELIMINATION PERIOD – This variable field will reflect the number of days of the insured’s benefit waiting/elimination period.

INFLATION PROTECTION – This variable field will reflect the insured’s inflation selection.

NON-FORFEITURE BENEFIT – This variable field will reflect if the insured has coverage under the Non-forfeiture Benefit-Shortened Benefit Period, Return of Premium or the Contingent Non-forfeiture benefit.

PREMIUM REFUND AT DEATH BENEFIT – This variable field will reflect if the insured’s coverage includes the Premium Refund at Death Benefit.

LIFETIME MAXIMUM BENEFIT – This variable field will reflect the dollar amount of the insured’s Lifetime Maximum benefit amount.

EFFECTIVE DATE – This variable field will reflect the effective of the insured’s coverage.

MONTHLY PREMIUM AMOUNT – This variable field will reflect the dollar amount of the insured’s monthly premium amount.

PREMIUM PAYMENT METHOD – This variable field reflects the insured’s selected premium payment method. (PAYROLL DEDUCTION / PENSION DEDUCTION / DIRECT BILL/ELECTRONIC FUNDS TRANSFER)

FREQUENCY – This variable field will reflect how often the insured will make their premium payment. (WEEKLY/BI-WEEKLY/SEMI-MONTHLY/MONTHLY/EFT-MONTHLY/QUARTERLY/SEMI-ANNUALLY/ANNUALLY)

AMOUNT – This variable field will reflect the premium dollar amount of the insured’s selected payment frequency type.



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Date: December 16, 2016

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated: 12/06/2016
GLTC-3 & 3.5 Re-Rate

Dear Ms. Houser,

This letter is written in response to the Department's letter of objection dated 12/06/2016.

Objection 1

Comments:

In reviewing the policyholder letter, 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.

At the Department's request, we have revised the notification letter and placed the rate increase explanation in the beginning paragraph of the letter. The revised letter can be referenced on the Forms Tab of this filing.

Objection 2

Comments:

The Personalized Options chart on page 2 provides the ability to reduce your DMB and your LMB. The explanations for these abbreviations, however, are listed as a footnote on page 4 of the letter. To avoid any potential confusion, the letter should indicate the abbreviations for such terms when each first appears in the letter. Our objection would be resolved if, for example, the first sentence under Personalized Options to Reduce the Impact of the Premium Rate Increase was changed to read: "You may reduce your current Daily Maximum Benefit (DMB) for Nursing Home Care."

At the Department's direction we have revised the letter to disclose the full phrase for the abbreviated terms "DMB" and "LMB" where they are first referenced. This information can be referenced under the "Personalized Options to Reduce the Impact of the Premium Rate Increase" located on page 2.

Objection 3

Comments:

The letter is missing the disclosure that all options may not be of equal value as set forth in 14VAC5-200-75 D 2 b. Please add this statement which should be bolded, highlighted or printed in large type or some other manner to bring attention to this disclosure. This disclosure should also appear on the VA Change Request Form. In addition the Partnership disclosure should also be bolded on both forms.

We have added the disclosure “Please Note: All options may not be of equal value.” The disclosure is in bold print and can be referenced on page 4 of the notification letter. Additionally, we have revised the Change Request Form to include this same information.

Please be advised that the Partnership disclosure has been bolded in its entirety on both forms.

Objection 4

Comments:

The last statements under NFO and CNFO paragraphs state the amount of your reduced benefits can be provided to you in writing. Please explain this statement. If the policy automatically converts to a paid up status because no premium is paid, what is the Company's process to update the policy. Wouldn't the company always provide this information in writing?

Please be advised that we have revised these sections of the letter by replacing the term “can” with “will”. We appreciate the Department bringing this matter to our attention.

Objection 5

Comments:

We were unable to locate an updated Statement of Variability. Please re-attach to Supporting Documentation.

The Statement of Variability can be referenced on the Supporting Documentation Tab of this filing. It is listed as “Manual of Variable Language”.

Objection 6

Comments:

If the rate increase is implemented in stages, please attach to the Form Schedule of copy of each letter for each period for review or provide the appropriate variability in the letter to accommodate this type of implementation.

We ask the Department to refer to the Manual of Variable Language and bracketed section of the notification letter entitled "IF STATE APPROVED INCREASES OVER MULTIPLE YEARS." There you will note the variable language intended for use during multiple phases if the rate increase is implemented over multiple years.

Objection 7

Comments:

We could not locate a response to our question if the Contingent Benefit Upon Lapse will be offer to everyone regardless if the triggers are met or not. Please advise.

Please be advised that impacted insureds 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.

Objection 8

Comments:

We could not locate a response to our question regarding the statement that once approval is provided, the earliest increase will be no earlier than 75 days from the date of approval so that Prudential can provide a 60 day advance notice. Pursuant to 14VAC5-200-75 D, all policyholders must receive at least a 75 day notice prior to implementation of a rate increase. Please confirm.

Please be advised that we understand the requirements of 14VAC5-200-75 D and can confirm that Prudential will comply with the 75-day advance notification period requirement.

Objection 9

Comments:

We could not locate a response to our question regarding the basis for when premium increases will be "certain" vs "possible." Please advise.

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.



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Objection 10

Comments:

Since the Frequently Asked Questions will not be attached and made a part of the letter, please add the name of the Company to the document.

At the Department's direction we have added the company name to "Frequently Asked Questions" document.

Thank you for the continued review of this filing. If you have any additional questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Keith Burns".

Keith Burns, ASA, MAAA
Vice President and Actuary
Prudential Long Term Care



Hina Ahmad
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Date: March 9, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Numbers: PRUD-129708969
Objection Letter Dated January 04, 2017
GLTC-3 & 3.5 Re-Rate

Dear Ms. Houser,

This is in response to your Letter of Objection on January 4, 2017.

Objection 1

- Manual of Variable Language (Supporting Document)
- GRP 115128, Other, Policyholder Advance Notification Letter (Form)

- 1. Thank you for moving the paragraph regarding the reason for the rate increase to the beginning of the letter. 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.**

We believe the addition of the phrase "After conducting an extensive review of our actual experience concerning each of these factors, we determined that a premium increase is necessary to continue to provide the quality insurance coverage you have come to expect", satisfies the Department's concerns.

- 2. The form number appears to be missing from the form attached to the Form Schedule.**

We have updated the Forms Schedule by including the form number. We apologize for this oversight and thank the Department for bringing this matter to our attention.

- 3. Please add brackets to the beginning and ending of the first paragraph and indicate in the Statement of Variability either the first or second paragraph will appear depending on if the increase implemented as a single increase or as a series of increases.**

We have made the suggested changes as requested by the Department.

- 4. 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. This should be reiterated in the subsequent rate increase notices (the variable paragraphs on page 2). For compliance with 14VAC5-200-75 D, the reasons for the rate increases must be included in these subsequent notices as well.**

At the Department's request, we have added a statement to this paragraph to include the overall percentage increase that has been approved. The statement will be reiterated in any subsequent rate increase letters, along with the reasons for the rate increase.

- 5. 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.**

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.

- 6. The subsequent rate increase notices must be in compliance with all the requirements as set forth in 14VAC5-200-75D including a statement that no future rate increase will be filed for approval with the Virginia Bureau of Insurance prior to being implemented as well as the reasons for the rate increase.**

Pursuant to 14VAC5-200-75D, we have included the additional language as request by the Department. This information can be referenced on page 4 of the enclosed letter.



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7. 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

Please be advised that any policyholder currently on waiver will still receive the same letter. We have elected to add this question to the Frequently Asked Questions document which is located on the Supporting Documentation Tab of this filing.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

1. As agreed, we will not do an in-depth actuarial review until the company has provided projections with experience through June 30th, 2016. Please let us know when this information will be forthcoming

As requested, please see attached the updated projections with experience through June 30th, 2016. A revised Actuarial Memo and accompanying exhibits reflecting updated assumptions have also been attached.

Act Memo - Revised Rates GLTC3 (VA) v2.docx
VA Appendices - GLTC3 v2.xlsx
Appendix C - Exhibit 1 - Mortality Details v2.xlsx
Appendix C - Exhibit 2 - Lapse Analysis Details v2.xlsx
Appendix C - Exhibit 3 - Morbidity Details v2.xlsx
Appendix D - Persistency – Group v2.xlsx
Appendix E – DOB v2.xlsx

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 Hina Ahmad, Manager, Actuarial
DN: cn=Hina Ahmad, Manager, Actuarial, o=The Prudential Insurance Company of America, ou=LTC Actuarial, email=hina.ahmad@prudential.com, c=US
Date: 2017.03.09 13:18:51 -05'00'

Hina Ahmad
Manager, Actuarial
Prudential Long Term Care

Cc: Keith Burns



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Date: May 2, 2017
 To: Janet Houser
 Virginia Department of Insurance
 Re: SERFF Tracking Numbers: PRUD-129708969
 Objection Letter Dated March 23, 2017
 GLTC-3 & 3.5 Re-Rate

Dear Ms. Houser,

This is in response to your Letter of Objection on March 23, 2017.

The Bureau requires that the projections be split between pre-rate stability and post-rate stability policies, with different requirements for each as detailed in sections 14VAC5-200-150 and 14VAC5-200-153.

- 1. The Bureau requires that the projections be split between pre-rate stability and post-rate stability policies, with different requirements for each as detailed in sections 14VAC5-200-150 and 14VAC5-200-153.**

Please see attached files 'VA GLTC3 Pre RS Appendices' and 'VA GLTC3 Po RS Appendices' which provide Appendices A, B, and G split based on pre- and post-rate stability policies.

- 2. Please provide demonstration of compliance with 14VAC5-200-150 as amended September 1, 2015.**

We have reviewed and are compliant with the pre-rate stability regulation 14VAC5-200-150 as amended September 1, 2015.

Section B: This section of the regulation states that benefits are deemed reasonable in relation to premium provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus 75% applied to any premium rate increase on group policy forms.

Please review the following "Satisfaction of Loss Ratio Requirements" initially presented in Appendix A in which we replaced 58% with 91% (original pricing LR) and 85% of rate increased premium with 75%. For group policy forms. The satisfaction is still met.

Satisfaction of Loss Ratio Requirements

1) Total Incurred Claims		2,886,494,283
91% of initial premium	2,195,110,193	
75% of increased premium	307,251,095	
2) Sum of 91%/75% Premium		2,502,361,288
Is 1 greater than 2?		Yes

The Expected loss ratios are calculated with consideration given to the relevant factors listed in section B. In addition, all present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, use the maximum valuation interest rate for contract reserves. An annual interest rate of 4.0% was used to calculate the lifetime loss ratio in the supporting appendices. This was determined based on the predominant number of certificates issue in years for which the maximum statutory valuation rate was 4.0%

Section D: All policyholders will have the option to elect contingent benefit upon lapse as a result of this rate increase, regardless of any age-specific benefit triggers. Prudential is including this option to help mitigate the impact of rate increase to the policyholders.

Section E: All required disclosure of rating practices are compliant with regulation 14VAC5-200-75. The personal worksheet, policy holder notification letter and pre-filing communication presents the required communication at the time of application and/or at the time of a rate schedule increase to all certificateholders. Both Forms B and F comply with the requirements of subsections A and B and cover the expected guidelines listed in this regulation.

- 3. Given the information in Appendix E, please provide a calculation of the average maximum valuation interest rate for contract reserves for the policies covered by this filing, and ensure that this interest rate is used in the discounting and accumulation of cash flows in all projections.**

Please see the attached file, 'GLTC3 – Statutory Valuation Rate Exhibit'. This exhibit shows which issue year has the predominate number of policies issued for this product. The statutory interest rate prescribed during that predominate year is the interest rate that is ultimately used for accumulating and discounting historical and projected experience.

The statutory valuation rate exhibit shows the counts beginning in Calendar Year 2002 when Prudential began issuing GLTCT3 policies. Issue dates in Appendix E are based on the original issue dates of the policy, since some of our takeover business originally dates as far back as 1988.

- 4. Exhibit 3 of Appendix C shows the expected severity of claims by calendar year. While we understand that the actual claim severity can vary greatly depending on the individual circumstances of each claim, it would seem logical that the expected severity would be relatively stable. Please explain the large dip in expected severity for calendar year 2016.**

Morbidity assumptions were developed based on reviewing overall incurred claims. The approach used to develop best estimate morbidity assumptions was to start with a set of baseline expected incurred claims and review the experience along several key demographic and benefit characteristics. The study focused primarily on incurred claims. Fitting factors were then developed to match historical incurred claims to expected incurred claims. Appendix C, Exhibit 3 is intended to show the match between actual incurred claims and expected incurred claims based on the current assumptions. Count of claims and severity are only shown for informational purposes. The expected incurred claims are correct, including the 2016 value.

The morbidity study works on a policy durational basis. The study prorates experience over calendar years. For partial calendar years, like 2016, the conversion from a policy year to a calendar year is an approximation, especially for the split of incidence and severity. As noted above, the expected incurred claims in 2016 is correct, but there will be some data noise in the allocation of incidence and severity for the most recent partial year of experience. Once the year is completed, the pattern of incidence and severity is anticipated to follow the prior year. Again, the key point of the exhibit is the actual-to-expected incurred claim results as the assumptions were developed based on incurred claims.

5. Please provide a detailed explanation of your view of the credibility of the GLTC3 block of business, including the standard being used by the Company for full credibility.

In regards to a specific credibility formula, we do not believe that one set formula works very well for LTC insurance. There are numerous variables to consider when trying to assess the credibility of various experience. In addition to all the issues involved with life insurance, LTC has many more complexities. For example, while life insurance mainly has to worry about the probability of death (the size of the life insurance benefits is usually known), LTC has both the risks of incidence and severity. Also, there are many additional factors that go into the consideration of credibility, including amount of exposure, mix of risks, trends over time, and consistency of results. Policyholder behavior and utilization of benefits also needs to be considered. Therefore, given the complexity surrounding GLTC3, we do not feel a rigid formula for credibility is the best approach.

In addition to GLTC3, the assumptions studies also combine GLTC1, GLTC2, and GLTC4, which gives us a much larger pool of claims to base assumptions upon. Please see the attached file, 'Appendix C – Description of Experience Analysis and Assumption setting', for further details on credibility.

6. Since the lapse assumptions vary by segment (Core, one large group, other), please provide a split of the historical lapse experience study by segment.

Please see the attached file, 'VA GLTC3 Lapse Experience by Segment' which shows the lapse experience by segment.

7. Please update the state disposition chart with any approvals that have been received since August 2015.

Please see the attached file, 'VA GLTC3 State Disposition Chart 04-2017' which shows any approvals that have been received since August 2015.

8. Please provide in Excel format a calculation of the expected lifetime loss ratio based on all original assumptions including the original premium scale, but using the actual mix of business based on policies issued rather than the assumed mix of business.

Please see the attached file, 'Original Pricing with Actual DOB' which provides original pricing earned premium and incurred claims cash flows using issue age, home health percentage, and inflation type distributions based on actual sales. The original pricing was only done for a 5 year BP and 90 day EP. The

remaining BP and EP pricing cells were set based on premium factors. Also, note that the earned premium cash flows include a 2.7% commission adjustment. Overall, the expected lifetime loss ratio (discounted at 4.5%) increased to 97.4% from 89.1% due to more compound inflation and 100% home health policies being sold than assumed in original pricing.

- 9. Please provide in Excel format a projection of future experience utilizing the actual policies in force at the projection date, but utilizing original assumptions for mortality, lapse, morbidity and interest from the projection date forward and utilizing the original premium scale with no increases.**

Please view the attachment titled 'VA GLTC3 Exhibit 1a Projections' for the requested information. This exhibit uses original pricing assumptions for projections and historical expected incurred claims. Actual premium (and thus actual persistency) is used for historical premium. 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 original earned premium times the original expected loss ratios on durational basis. The projected premium using original persistency was done on a seriatim basis, using original pricing persistency assumptions.

- 10. Please provide in Excel format a projection assuming the requested premiums had been in effect from the inception of these policies.**

The attached file, 'VA GLTC3 Since Inception Projections' provides the requested exhibit showing the lifetime loss ratio assuming the proposed rate were charged since inception. Please note that for this illustration, as the proposed rates were assumed charged since issue, no shock lapse is included in the projections. The resulting overall loss ratio is greater than both the minimum 60% loss ratio which implies that the requested rates are on average are lower than what would have been charged at issue had Prudential known then what it knows now.

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 Hina Ahmad, Manager, Actuarial
DN: cn=Hina Ahmad, Manager, Actuarial, o=The Prudential Insurance Company of
America, ou=LTC Actuarial, email=hina.ahmad@prudential.com, c=US
Date: 2017.05.03 19:49:44 -04'00'

Hina Ahmad
Manager, Actuarial
Prudential Long Term Care

Appendix C
The Prudential Insurance Company of America
Description of Experience Analysis and Assumption Setting

Mortality Study

A mortality study was conducted on the Company's actual experience on its entire block of long term care business. In general, the best estimate mortality assumptions are based on the 2012 IAM Basic table on an Age Last Birthday (ALB) basis table with mortality selection factors and mortality improvement. The mortality study period is from 2006 - 2014 (with death reported through 6/30/2015). Actual deaths were determined by comparing insureds against the Social Security Administration's Death Master File (DMF). A terminated policy is considered a death if it matched the DMF or was coded as "Death" in the administrative system. Otherwise, the terminated policy is considered a voluntary lapse (if it did not exhaust benefits).

The future expected mortality assumptions were developed based on the 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. selection factors. Mortality selection factors were developed by issue age, duration, and product type to best match our actual experience using the mortality table as a base. Additionally, we included mortality improvement of 0.6% per year from 2012 through 2036.

Appendix C, Exhibit 1 contains the comparison of actual experience through June 30, 2016 to the current mortality assumptions. The Exhibit shows total lives, total terminations (both voluntary lapse and actual deaths), actual deaths, expected deaths and the resulting mortality rates. Experience is shown by policy duration and attained age. Since the current mortality assumptions reasonably match the historical actual experience, the assumptions are reasonable to use to project the inforce into the future.

Voluntary Lapse Study

A voluntary lapse study was also conducted on the Company's actual experience using data through June 30, 2015. Voluntary lapse rates were calculated based on actual lapses. The future expected voluntary lapse assumptions were developed based on the historical actual experience and judgment. The expected lapse rates vary by policy duration and select business segments.

Appendix C, Exhibit 2 contains the comparison of actual lapse experience through June 30, 2016 to the current assumptions. The Exhibit shows total lives, total terminations (both voluntary lapse and actual deaths) and actual mortality rate. The voluntary lapse rates are shown as described above, as actual lapses. Since the current voluntary lapse assumptions reasonably match the historical actual experience, the assumptions are reasonable to use to project the

inforce into the future.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

Morbidity Study

A morbidity study was also conducted on the Company's nationwide actual experience on incurred claims through Dec 31, 2014 with claims paid through June 30, 2015. 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 of developing the fitting factors was to match historical incurred claims to expected incurred claims.

A claim is based on Prudential's data using Prudential's data field "Date First Eligible" (DFE). Each unique DFE is used to identify a claim. Actual claim incidence is determined by counting each claim. Paid claims are discounted (using an interest rate of 4.0% in the appendices) back to the claim incurred date. The claim reserves are discounted from valuation date to the claim incurred date using a 4.0% discount rate. Both paid claims and claim reserves have a 4.5% load applied to reflect waiver of premium. The claim reserves do not include an LAE load or an explicit margin. The IBNR is provided by Prudential at the claim level. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves (including IBNR). Actual average claim severity is calculated by dividing actual incurred claims by the count of claims. In the morbidity study, waiver of premium is 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. Included in the baseline, was a 1% per year morbidity improvement in the historical expected claims, with 2014 as the assumed base year. This morbidity improvement is assumed to continue until 2036. 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 did involve cycling back to prior steps. Also, the credibility of each specific segment was considered, along with judgment in setting the specific fitting factors.

Appendix C, Exhibit 3 contains the comparison of actual claim experience through June 30, 2016 to the current assumptions by calendar year, policy duration and attained age.

PRU - Long Term Care Interest Rate Determination Exhibit Policies Sold by Issue Year		
Issue Year	Stat Val Rate	GLTC3/35
1990	5.50%	-
1991	5.50%	-
1992	5.50%	-
1993	5.00%	-
1994	5.00%	-
1995	4.50%	-
1996	4.50%	-
1997	4.50%	-
1998	4.50%	-
1999	4.50%	-
2000	4.50%	-
2001	4.50%	-
2002	4.50%	2,690
2003	4.50%	1,553
2004	4.50%	10,609
2005	4.50%	6,370
2006	4.00%	8,429
2007	4.00%	15,143
2008	4.00%	35,488
2009	4.00%	34,883
2010	4.00%	12,734
2011	4.00%	5,378
2012	4.00%	4,214
2013	3.50%	2,756
2014	3.50%	151
2015	3.50%	29
2016	3.50%	12
Total		140,439
Average		4.07%
Predominate		4.00%

Exhibit 1
The Prudential Insurance Company of America
Illustrative Experience Exhibit
Nationwide Experience
GLTC3

Exhibit 1a			
Lapse: Original Mortality: Original Morbidity: Original Historical Premium: Actual Historical Incurred Claims: Original Rate Basis: Virginia			
Calendar Year	Earned Premium + Reserve Transfer	Incurred Claims	Incurred Loss Ratio
2002	1,310,224	135,378	10%
2003	3,900,620	443,217	11%
2004	9,381,765	2,216,040	24%
2005	19,970,795	6,141,425	31%
2006	23,413,613	7,549,604	32%
2007	33,564,108	11,829,745	35%
2008	109,787,547	25,165,923	23%
2009	153,401,070	46,068,138	30%
2010	127,099,700	59,716,117	47%
2011	99,159,967	74,634,680	75%
2012	99,478,014	82,763,497	83%
2013	110,263,308	105,203,293	95%
2014	97,398,188	101,625,245	104%
2015	101,967,663	120,376,294	118%
2016	51,124,104	68,279,416	134%
2016	50,447,043	66,021,579	131%
2017	96,624,963	139,817,178	145%
2018	91,148,490	145,160,175	159%
2019	85,868,205	150,268,172	175%
2020	80,763,388	154,921,405	192%
2021	75,823,133	158,985,219	210%
2022	71,048,417	162,642,225	229%
2023	66,440,153	166,080,373	250%
2024	61,999,348	169,444,807	273%
2025	57,726,960	172,620,206	299%
2026	53,623,927	175,252,570	327%
2027	49,691,167	177,240,392	357%
2028	45,929,448	178,762,476	389%
2029	42,339,328	179,915,624	425%
2030	38,921,121	180,437,588	464%
2031	35,674,891	180,052,140	505%
2032	32,600,333	178,891,349	549%
2033	29,696,759	177,153,334	597%
2034	26,962,980	175,029,920	649%
2035	24,397,346	172,431,244	707%
2036	21,997,667	169,062,773	769%
2037	19,761,135	164,938,913	835%
2038	17,684,408	160,331,871	907%
2039	15,763,649	155,431,754	986%
2040	13,994,542	150,098,476	1073%
2041	12,372,224	144,174,426	1165%
2042	10,891,219	137,795,253	1265%
2043	9,545,596	131,150,702	1374%
2044	8,328,971	124,384,079	1493%
2045	7,234,609	117,537,244	1625%
2046	6,255,418	110,404,150	1765%
2047	5,383,969	103,125,842	1915%
2048	4,612,657	95,765,647	2076%
2049	3,933,729	88,670,166	2254%
2050	3,339,467	81,639,043	2445%
2051	2,822,214	74,765,814	2649%
2052	2,374,500	68,046,098	2866%
2053	1,989,104	61,580,160	3096%
2054	1,659,152	55,548,426	3348%
2055	1,378,174	49,844,474	3617%
2056	1,140,099	44,513,252	3904%
2057	939,421	39,473,670	4202%
2058	771,087	34,867,994	4522%
2059	630,534	30,720,265	4872%
2060	513,697	26,928,341	5242%
2061	417,001	23,535,255	5644%
2062	337,306	20,482,022	6072%
2063	271,885	17,727,555	6520%
2064	218,379	15,295,061	7004%
2065	174,781	13,159,173	7529%
2066	139,384	11,292,493	8102%
2067	110,736	9,578,139	8650%
2068	87,647	8,116,758	9261%
2069	69,092	6,824,135	9877%
2070	54,239	5,714,903	10537%
2071	42,390	4,742,913	11189%
2072	32,977	3,899,317	11824%
2073	25,521	3,182,107	12469%
2074	19,648	2,573,535	13098%
2075	15,038	2,065,083	13733%
2076	11,436	1,639,009	14331%
2077	8,638	1,276,284	14776%
2078	6,479	985,462	15211%
2079	4,821	753,046	15620%
2080	3,559	557,513	15667%
2081	2,607	410,261	15740%
2082	1,887	297,454	15761%
2083	1,357	204,169	15050%
2084	964	140,631	14591%
2085	681	96,230	14131%
2086	474	65,126	13727%
2087	326	43,984	13501%
2088	223	25,430	11396%
2089	148	16,724	11281%
2090	98	11,178	11377%
2091	65	7,309	11198%
2092	42	4,680	11198%
2093	25	2,853	11198%
2094	16	1,805	11198%
2095	10	1,065	11198%
2096	4	405	11198%
Total - Values as of 6/30/2016 without interest rate			
Past	1,041,220,687	712,148,013	68%
Future	1,295,104,528	5,836,655,878	451%
Lifetime	2,336,325,215	6,548,803,891	280%
Total - Values as of 6/30/2016 using a 4.0% interest rate			
Past	1,273,967,036	822,638,151	65%
Future	915,102,804	3,077,580,740	336%
Lifetime	2,189,069,840	3,900,218,891	178%
Total - Values as of 6/30/2016 using original interest rate (4.5%)			
Past	1,306,939,457	837,877,443	64%
Future	881,968,159	2,880,582,038	327%
Lifetime	2,188,907,616	3,718,459,481	170%

Notes:

- 1) Historical Experience: Historical earned premium and incurred claims are on an actual basis. Historical premium is restated on Virginia rate basis.
- 2) Projected Experience: Original pricing assumptions and original premium scale. No moderately adverse experience load.
- 3) Original Discount Rate: used for discounting of incurred claims but no impact on the claims themselves.
- 4) All GLTC3 policies are included.

Original Pricing Loss Ratio Exhibit
The Prudential Insurance Company of America
GLTC3
Five Year Benefit / 90 Day Waiting Period
Based on Actual Mix of Business
Composite of All Ages

<u>Duration</u>	(a) <u>Incurred Claims</u>	(b) <u>Earned Premium</u>	(a) / (b) <u>Incurred Loss Ratio</u>
1	\$24.25	\$267.25	9.1%
2	51.35	511.30	10.0%
3	56.32	474.09	11.9%
4	66.32	446.71	14.8%
5	81.16	420.57	19.3%
6	94.20	395.63	23.8%
7	107.37	375.66	28.6%
8	121.23	360.20	33.7%
9	135.73	345.00	39.3%
10	151.02	330.06	45.8%
11	166.68	315.36	52.9%
12	182.06	300.89	60.5%
13	194.75	286.67	67.9%
14	207.77	272.68	76.2%
15	222.57	258.94	86.0%
16	239.05	245.43	97.4%
17	258.38	232.16	111.3%
18	280.21	219.13	127.9%
19	301.06	206.36	145.9%
20	319.43	193.86	164.8%
21	339.70	181.66	187.0%
22	360.20	169.77	212.2%
23	379.24	158.23	239.7%
24	398.12	147.07	270.7%
25	415.11	136.31	304.5%
26	431.86	125.98	342.8%
27	450.37	116.08	388.0%
28	467.00	106.64	437.9%
29	474.26	97.66	485.6%
30	474.60	89.15	532.3%
31	475.46	81.12	586.2%
32	476.56	73.55	647.9%
33	478.09	66.46	719.4%
34	476.37	59.85	795.9%
35	471.51	53.73	877.6%
36	467.96	48.08	973.4%
37	465.45	42.88	1085.4%
38	463.54	38.14	1215.4%
39	453.86	33.82	1341.8%
40	436.79	29.92	1459.9%
41	421.05	26.39	1595.2%
42	406.32	23.22	1749.9%
43	392.92	20.37	1928.9%
44	377.30	17.82	2117.2%
45	359.71	15.55	2313.9%
46	344.38	13.52	2547.4%
47	330.96	11.72	2824.4%
48	319.39	10.12	3155.4%
49	304.33	8.72	3491.9%
50	285.71	7.48	3819.7%
51	268.86	6.40	4202.0%
52	253.55	5.45	4649.1%
53	239.95	4.63	5180.1%
54	225.14	3.92	5742.8%
55	209.09	3.31	6324.8%
56	194.63	2.78	7009.9%
57	181.37	2.32	7813.7%
58	169.25	1.93	8767.5%
59	154.86	1.60	9700.6%
60	138.14	1.31	10529.7%
61	122.43	1.07	11438.0%
62	107.61	0.87	12425.5%
63	93.87	0.69	13519.5%
64	80.22	0.55	14551.2%
65	66.83	0.43	15428.1%
66	54.96	0.34	16335.6%
67	44.45	0.26	17254.2%
68	35.41	0.19	18241.2%
69	27.78	0.14	19345.3%
70	21.32	0.10	20497.6%
71	15.88	0.07	21636.4%
72	11.42	0.05	22745.2%
73	7.88	0.03	23854.0%
74	5.17	0.02	24871.5%
75	3.19	0.01	25726.4%
76	1.85	0.01	26592.3%
77	0.99	0.00	27451.0%
78	0.47	0.00	28288.7%
79	0.20	0.00	29095.6%
80	0.07	0.00	29844.2%
81	0.02	0.00	30277.4%
PV @ 4.5% - 50 years	\$4,676.31	\$5,030.16	93.0%
PV @ 4.5% - Lifetime	\$4,900.33	\$5,033.58	97.4%

Voluntary Lapse Study
The Prudential Insurance Company of America
Experience by Segment
GLTC3 and GLTC3.5

Policy Duration	Voluntary Lapse Rates										
	AICPA				Core				Other		
	Actual	Implied	"Current"		Actual	Implied	"Current"		Actual	Implied	"Current"
1	7.1%	6.9%	4.5%		22.6%	22.6%	24.1%		7.3%	7.3%	8.2%
2	4.8%	4.6%	2.1%		22.9%	22.8%	24.1%		4.9%	4.9%	5.7%
3	1.4%	1.4%	1.5%		15.9%	15.9%	16.8%		3.9%	3.9%	4.0%
4	1.3%	1.2%	1.3%		13.6%	13.6%	14.0%		2.6%	2.6%	2.9%
5	0.9%	0.8%	1.2%		11.1%	11.1%	10.9%		2.1%	2.1%	2.4%
6	0.9%	0.9%	1.0%		11.3%	11.3%	10.9%		2.3%	2.3%	2.4%
7	0.9%	1.1%	1.0%		12.0%	12.0%	10.9%		2.2%	2.1%	2.3%
8	0.7%	0.5%	0.7%		6.3%	6.1%	8.2%		1.6%	1.5%	1.7%
9	0.6%	0.5%	0.7%		11.0%	10.9%	8.2%		1.4%	1.5%	1.6%
10	0.5%	0.4%	0.7%		11.1%	11.2%	6.7%		1.4%	1.4%	1.4%
11	0.9%	0.6%	0.7%		28.7%	28.6%	5.1%		1.2%	1.2%	1.4%
12	0.8%	0.5%	0.7%		8.8%	8.4%	5.0%		0.9%	0.9%	1.2%
13	0.6%	0.2%	0.7%						1.4%	1.4%	1.2%
14	0.5%	0.4%	0.7%						1.2%	1.0%	1.2%
15	0.6%	0.5%	0.7%						0.9%	0.9%	1.1%
16	0.5%	0.5%	0.7%						1.2%	1.2%	1.0%
17	0.7%	0.5%	0.7%						1.0%	1.2%	1.0%
18	0.3%	0.0%	0.7%						1.0%	1.2%	0.9%
19	0.3%	0.2%	0.7%						0.9%	1.0%	0.9%
20	0.5%	0.3%	0.7%						0.9%	1.0%	0.9%
21	0.4%	0.0%	0.7%						0.6%	0.7%	0.7%
22	0.4%	0.0%	0.7%						0.9%	1.0%	0.7%
23									0.7%	0.7%	0.7%
24									0.6%	0.7%	0.7%
25									0.8%	1.1%	0.7%
26									0.9%	0.9%	0.7%
27									0.6%	0.5%	0.7%
28									0.2%	0.4%	0.7%
Total	1.1%	0.9%	1.0%		17.0%	16.9%	17.5%		2.3%	2.4%	2.6%

Notes:

- 1) Experience is through June 30, 2016.
- 2) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate minus the Actual Benefit Exhaust Rate.
- 3) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate minus the Actual Benefit Exhaust Rate.
- 4) Current Voluntary Lapse Rate is the current projection assumption.

Appendix B
The Prudential Insurance Company of America
Historical and Projected Experience
Nationwide Experience - All Policies
Virginia Rate Basis Since Inception
GLTC3

Historical

Calendar Year	Earned Premium	Reserve Transfer	Earned Premium + Reserve Transfer	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	1,834,314	0	1,834,314	1,127	0	1,127	0%
2003	5,460,869	0	5,460,869	514,128	275,577	789,705	14%
2004	13,134,471	0	13,134,471	1,667,071	142,872	1,809,942	14%
2005	27,959,112	0	27,959,112	2,328,612	341,746	2,670,358	10%
2006	32,779,059	0	32,779,059	2,872,572	247,731	3,120,303	10%
2007	46,989,752	0	46,989,752	6,270,889	1,047,808	7,318,697	16%
2008	72,406,734	58,068,452	130,475,186	9,835,128	2,025,436	11,860,564	9%
2009	113,211,121	72,535,984	185,747,104	16,765,113	4,248,123	21,013,236	11%
2010	130,353,830	33,989,821	164,343,651	21,507,951	5,267,064	26,775,015	16%
2011	138,823,954	0	138,823,954	23,565,772	7,124,210	30,689,982	22%
2012	138,356,677	651,816	139,008,493	23,429,865	9,943,585	33,373,450	24%
2013	154,368,632	0	154,368,632	21,637,807	15,921,252	37,559,059	24%
2014	136,357,463	0	136,357,463	16,083,004	26,281,977	42,364,981	31%
2015	142,754,728	0	142,754,728	9,241,186	47,210,486	56,451,673	40%
2016*	71,573,745	0	71,573,745	529,401	37,006,847	37,536,248	52%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016**	71,134,026	26,908,860	38%
2017	139,202,788	56,709,511	41%
2018	135,199,410	60,893,146	45%
2019	131,234,784	65,378,854	50%
2020	127,283,959	70,104,427	55%
2021	123,332,008	75,128,053	61%
2022	119,367,107	80,523,462	67%
2023	115,384,208	86,248,767	75%
2024	111,383,525	92,349,524	83%
2025	107,366,702	98,831,870	92%
2026	103,327,806	105,674,891	102%
2027	99,265,433	112,849,786	114%
2028	95,179,812	120,326,896	126%
2029	91,068,994	128,040,111	141%
2030	86,932,743	135,886,806	156%
2031	82,767,908	143,720,523	174%
2032	78,577,761	151,394,029	193%
2033	74,368,383	158,816,442	214%
2034	70,149,271	165,853,844	236%
2035	65,933,063	172,252,190	261%
2036	61,735,747	177,838,754	288%
2037	57,568,965	183,460,306	319%
2038	53,444,672	188,956,756	354%
2039	49,389,828	193,492,880	392%
2040	45,431,252	196,869,478	433%
2041	41,592,251	198,935,295	478%
2042	37,895,938	199,874,069	527%
2043	34,360,235	199,527,065	581%
2044	31,002,395	197,999,263	639%
2045	27,834,212	195,289,038	702%
2046	24,864,836	191,449,355	770%
2047	22,101,483	186,484,360	844%
2048	19,546,944	180,502,702	923%
2049	17,202,411	173,642,829	1009%
2050	15,064,928	166,055,108	1102%
2051	13,129,056	157,915,334	1203%
2052	11,387,791	149,344,379	1311%
2053	9,831,354	140,535,435	1429%
2054	8,449,428	131,702,344	1559%
2055 and later	44,564,904	1,319,474,548	2961%

* Historical 2016 Experience - 1/1/2016 through 6/30/2016
** Projected 2016 Experience - 7/1/2016 through 12/31/2016
*** Projections include 10% moderately adverse load to incurred claims
Note: Projections do not include any shock lapse

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2016	1,696,076,413	362,191,973	21%
Present Value of Future to 6/30/2016	1,706,749,708	2,720,066,702	159%
Total Values (Discounted at 4.0%)	3,402,826,122	3,082,258,676	91%
Projected Loss Ratio without Rate Increase			91%
Minimum Lifetime Loss Ratio			60%

Appendix G
The Prudential Insurance Company of America
Historical and Projected Experience
Virginia Experience - All Policies
GLTC3

Historical

Calendar Year	Earned Premium	Reserve Transfer	Earned Premium + Reserve Transfer	Paid Claims	Claim Reserve	Incurred Claims	Incurred Ratio
2002	2,651	0	2,651	0	0	0	0%
2003	25,713	0	25,713	0	0	0	0%
2004	421,363	0	421,363	0	0	0	0%
2005	1,049,596	0	1,049,596	2,340	0	2,340	0%
2006	1,301,744	0	1,301,744	272,974	0	272,974	21%
2007	1,772,864	0	1,772,864	374,413	0	374,413	21%
2008	2,343,644	910,362	3,254,006	5,052	0	5,052	0%
2009	3,570,842	5,666,382	9,237,224	1,050,523	303,659	1,354,182	15%
2010	5,284,487	362,094	5,646,581	929,362	94,869	1,024,231	18%
2011	5,386,253	0	5,386,253	562,884	10,215	573,099	11%
2012	5,423,230	63,028	5,486,259	375,011	191,773	566,784	10%
2013	5,855,789	0	5,855,789	520,761	431,127	951,888	16%
2014	6,015,537	0	6,015,537	519,393	1,051,025	1,570,419	26%
2015	6,297,808	0	6,297,808	192,504	1,161,044	1,353,547	21%
2016*	3,054,618	0	3,054,618	35,462	1,068,719	1,104,182	36%

Projections with Requested Rate Increase***

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016**	3,051,511	840,174	28%
2017	5,984,000	1,788,040	30%
2018	5,830,849	1,947,783	33%
2019	5,680,068	2,127,340	37%
2020	5,530,449	2,321,995	42%
2021	5,381,185	2,532,998	47%
2022	5,231,366	2,769,426	53%
2023	5,079,936	3,027,971	60%
2024	4,927,559	3,312,280	67%
2025	4,773,956	3,621,236	76%
2026	4,618,515	3,956,386	86%
2027	4,460,418	4,316,631	97%
2028	4,299,749	4,698,136	109%
2029	4,135,944	5,099,833	123%
2030	3,968,691	5,514,847	139%
2031	3,798,001	5,941,982	156%
2032	3,623,374	6,371,173	176%
2033	3,445,071	6,794,558	197%
2034	3,263,983	7,202,098	221%
2035	3,081,093	7,581,842	246%
2036	2,897,215	7,931,844	274%
2037	2,712,885	8,281,589	305%
2038	2,528,809	8,614,466	341%
2039	2,346,223	8,901,047	379%
2040	2,166,553	9,126,040	421%
2041	1,990,972	9,290,013	467%
2042	1,820,501	9,377,497	515%
2043	1,656,210	9,390,208	567%
2044	1,499,047	9,342,172	623%
2045	1,349,827	9,241,017	685%
2046	1,209,086	9,091,184	752%
2047	1,077,326	8,873,489	824%
2048	954,972	8,607,435	901%
2049	842,178	8,292,708	985%
2050	738,979	7,951,307	1076%
2051	645,154	7,589,863	1176%
2052	560,484	7,194,573	1284%
2053	484,697	6,800,737	1403%
2054	417,387	6,403,807	1534%
2055 and later	2,255,444	67,839,274	3008%

* Historical 2016 Experience - 1/1/2016 through 6/30/2016

** Projected 2016 Experience - 7/1/2016 through 12/31/2016

*** Projections include 10% moderately adverse load to incurred claims

Note: Projections do not include any shock lapse

Loss Ratio Summaries

Accumulated Value of Historical to 6/30/2016	66,240,835	10,677,860	16%
Present Value of Future to 6/30/2016	76,276,058	116,099,857	152%
Total Values (Discounted at 4.0%)	142,516,892	126,777,718	89%
Projected Loss Ratio without Rate Increase			89%

State Disposition Chart
The Prudential Insurance Company of America
GLTC3

Initial Request

Catch-Up Request

State	Submission Date	State Disposition	Approval Date	Rate Increase Percentage Requested	Rate Increase Percentage Approved	Submission Date / Planned Date	State Disposition	Approval Date	Rate Increase Percentage Requested / To be Requested	Rate Increase Percentage Approved
Alabama	6/13/2014	Approved	8/3/2015	40%	30%	4/7/2017	Pending	4/28/2017	7.7%	7.7%
Alaska	5/5/2014	Approved	5/5/2014	40%	40%		No Plan to File			
Arizona	5/5/2014	Approved	5/5/2014	40%	40%		No Plan to File			
Arkansas	5/23/2014	Approved	8/26/2014	40%	10%	4/7/2017	Pending		27.3%	
California	9/5/2014	Pending		40%						
Colorado	9/30/2014	Approved	11/28/2014	40%	40%		No Plan to File			
Connecticut	8/14/2014			40%		5/12/2017	To Be Filed		40.0%	
District of Columbia	8/13/2014	Approved	12/22/2014	10%	10%	3/31/2017	Pending		10.0%	
Delaware	6/13/2014	Approved	11/3/2014	25%	25%	2/21/2017	Withdrawn		12.0%	
Florida		No Inforce Policies					No Plan to File			
Georgia	6/13/2014	Approved	10/24/2014	40%	12%	2/21/2017	Pending		25.0%	
Guam		No Inforce Policies					No Plan to File			
Hawaii	8/21/2014	Pending		40%						
Idaho	6/23/2014	Approved	12/8/2014	40%	40%		No Plan to File			
Illinois	9/4/2013	Approved	8/13/2016	40%	40%		No Plan to File			
Indiana	8/5/2014	Approved	12/1/2015	40%	40%		No Plan to File			
Iowa	7/17/2014	Approved	1/12/2015	40%	18%	3/1/2017	Approved	4/10/2017	18.6%	18.6%
Kansas	9/30/2014	Approved	3/23/2015	30%	30%		No Plan to File			
Kentucky	6/16/2014	Approved	9/10/2014	40%	25%	3/1/2017	Pending		12.0%	
Louisiana	6/6/2014	Approved	1/13/2015	40%	20%	1/27/2017	Approved	3/7/2017	16.7%	10.0%
Maine	8/5/2014	Approved	2/12/2015	40%	40%		No Plan to File			
Maryland	8/25/2014	Approved	2/6/2015	15%	15%	2/13/2017	Pending		15.0%	
Massachusetts	5/5/2014			40%		4/7/2017	Pending		40.0%	
Michigan	5/23/2014	Approved	6/10/2014	40%	40%		No Plan to File			
Minnesota	7/16/2014			40%		3/20/2017	Pending		40.0%	
Mississippi	6/6/2014	Approved	7/24/2014	25%	25%	3/24/2017	Pending		12.0%	
Missouri - Pre-RS	4/21/2015	Approved	5/7/2015	30%	30%	3/15/2017	Pending		7.7%	
Missouri - Post-RS	8/26/2014	Approved	1/8/2015	40%	30%	3/15/2017	Pending		7.7%	
Montana	7/17/2014	Approved	5/15/2015	40%	26%		No Plan to File			
Nebraska	6/2/2014	Approved	2/20/2015	40%	40%		No Plan to File			
Nevada	6/23/2014	Approved	2/25/2015	40%	40%		No Plan to File			
New Hampshire	8/6/2014			40%		4/11/2017	Pending	4/28/2017	40.0%	40.0%
New Jersey	5/5/2014	Approved	7/9/2014	40%	40%		No Plan to File			
New Mexico	6/2/2014			40%		3/23/2017	Pending		40.0%	
New York	10/24/2014	Approved	7/10/2015	40%	5%	5/31/2017	To Be Filed		33.3%	
North Carolina	8/18/2014	Approved	7/20/2015	40%	40%		No Plan to File			
North Dakota		No Inforce Policies					No Plan to File			
Ohio	9/4/2014	Approved	1/15/2015	40%	40%		No Plan to File			
Oklahoma	6/6/2014	Approved	11/21/2014	40%	25%	3/14/2017	Approved	4/26/2017	12.0%	10.0%
Oregon	7/17/2014	Approved	12/30/2014	40%	40%		No Plan to File			
Pennsylvania	6/23/2014	Approved	7/18/2014	40%	40%		No Plan to File			
Rhode Island		No Inforce Policies					No Plan to File			
South Carolina	5/9/2014	Approved	10/21/2014	40%	20%	2/22/2017	Approved	4/20/2017	16.7%	16.7%
South Dakota	6/23/2014	Approved	8/22/2014	40%	40%		No Plan to File			
Tennessee	6/9/2014	Approved	9/19/2014	40%	40%		No Plan to File			
Texas	9/5/2014			40%		5/1/2017	To Be Filed		40.0%	
Utah	8/29/2014	Approved	4/8/2015	40%	40%		No Plan to File			
Vermont	7/17/2014			40%		4/10/2017	Pending		40.0%	
Virginia	9/4/2014	Pending		40%						
Washington	6/27/2014	Approved	8/14/2014	40%	40%		No Plan to File			
West Virginia		No Inforce Policies					No Plan to File			
Wyoming		No Inforce Policies					No Plan to File			
Wisconsin	7/16/2014	Approved	12/29/2014	40%	40%		No Plan to File			

[DATE]

[FIRST NAME LAST NAME]
 [ADDRESS LINE 1]
 [ADDRESS LINE 2]
 [CITY, STATE ZIP CODE]

Re: Long Term Care Insurance – **Notice of Premium Increase**
 Certificate Number: [XXXXXXXXXXXX]

Dear [MR/MS LAST NAME]:

[We are writing to inform you that we are increasing the premium for the above-referenced long term care insurance coverage by [XX%]. We understand this premium increase impacts you financially, but we hope you will continue to appreciate the value of your long term care insurance coverage. The increase impacts a broad group of long term care insurance customers like you and is not based on any individual’s personal factors, such as health status or claim history. We determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates. After conducting an extensive review of our actual experience concerning each of these factors, we determined that a premium increase is necessary to continue to provide the quality insurance coverage you have come to expect. The new [monthly, quarterly, semiannual, annual] premium payment will change from [\$XXXX.XX] to [\$XXXX.XX]. This increase will take effect on [MM/DD/YYYY].¹

[IF STATE APPROVED INCREASES OVER MULTIPLE YEARS:] [We are writing to inform you that we are increasing the premium for the above-referenced long term care insurance coverage by [XX%]. Your increase will be implemented in multiple stages. The initial premium increase for your plan is [XX%]. We understand this premium increase impacts you financially, but we hope you will continue to appreciate the value of your long term care insurance coverage. The increase impacts a broad group of long term care insurance customers like you and is not based on any individual’s personal factors, such as health status or claim history. We determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates. After conducting an extensive review of our actual experience concerning each of these factors, we determined that a premium increase is necessary to continue to provide the quality insurance coverage you have come to expect.

Your current premium is [\$xxx.xx]. This premium increase will be implemented in [X] phases. This chart reflects your increase premiums assuming no benefit changes are made to your policy¹.

Effective Date of Premium Increase	Premium Increase Percentage	Premium Increase
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]
[xx/xx/xxxx]	[xx]%	[\$xxxx.xx]

[SUBSEQUENT INCREASES:] [As you may recall, we previously wrote to you to inform you of a premium rate increase that will apply, in multiple stages, to your Prudential Long-Term Care Insurance policy. At this time, we are writing to inform you of the subsequent premium rate increase.

[IF STATE APPROVED INCREASES OVER TWO YEARS:] [The second premium increase for your policy is [XX%]. Your [monthly, quarterly, semiannual, annual] premium payment of [\$XXXX.XX] will change to [\$XXXX.XX]. This increase will take effect on [MM/DD/YYYY].¹ [IF STATE APPROVED INCREASES OVER THREE YEARS:] [A subsequent rate increase for your policy will be [XX%]. This will take effect no earlier than one year from the current rate increase effective date.¹]

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

We have also notified the Group Contract Holder through which this coverage was purchased. Please read this letter carefully and in its entirety. Please also refer to the enclosed document entitled *Frequently Asked Questions*, which provides more information about this premium increase. If you have other questions or concerns after reviewing this letter, **please call our Long-Term Care Customer Service Center at 800-732-0416.**

[IF DIRECT BILL:] [You will see this change reflected in the statement preceding the effective date of the increased premium rate.] [IF EFT:] [Since you pay premium via electronic funds transfer ("EFT"), we will deduct the increased premium amount from your bank account beginning with the first premium due after the rate increase effective date.] [IF PAYROLL DEDUCTION:] [Since you pay premium through your employer, please be aware the amount deducted will be adjusted to reflect the increase in premium.]

[IF AT MINIMUM:] [Because your benefits are already at the lowest level we offer, we are unable to offer you the option of reducing your coverage in order to offset the amount of your premium increase.]

[IF NOT AT MINIMUM:] [If you decide to pay your premium at the increased rate listed above, your coverage will remain the same. In the alternative, we have set forth a number of options below that will allow you to reduce the amount your premium increases by electing to reduce the amount of coverage you have. We urge you to consider each of these options carefully.]

Personalized Options to Reduce the Impact of the Premium Rate Increase

- You may reduce your current Daily Maximum Benefit (DMB) for Nursing Home care. Please note all other benefits are calculated as a percentage or a factor of this Daily Maximum Benefit for Nursing Home amount; therefore, a reduction to the Daily Maximum Benefit for Nursing Home care will reduce all of your other benefits accordingly. This means the maximum benefit you could receive under the coverage for each day you receive benefits will be reduced to the amount stated below. This change would moderate the impact of the increase in premium.²

Please note that by reducing your Daily Maximum Benefit for Nursing Home care, you will also be reducing the total dollar amount of benefits payable under your coverage (Lifetime Maximum Benefit/LMB), since the Lifetime Maximum Benefit is calculated by multiplying the Daily Maximum Benefit for Nursing Home care by the number of days the coverage was intended to last, unless your coverage has an unlimited Lifetime Maximum Benefit. For example, \$100 Daily Maximum Benefit for Nursing Home care x 5 year plan x 365 days = \$182,500. Reducing the Daily Maximum Benefit for Nursing Home care to \$80 = \$80 x 5 years x 365 days = \$146,000.

Before making any decision to reduce your Daily Maximum Benefit for Nursing Home care, please consider the current and future cost of care in the geographic area where you anticipate receiving care, and the amount you expect to be able to pay for care from your own assets and savings.

- You may reduce your Lifetime Maximum Benefit amount by changing the number of years used to calculate such benefits. This means your Lifetime Maximum Benefit shown in a dollar amount will

be recalculated to a lower dollar amount. This change may help to minimize the impact of the increase in premium.

- You may reduce **both** your current Daily Maximum Benefit for Nursing Home care **and** your Lifetime Maximum Benefit. This combination of changes may help to minimize the impact of the increase in premium.

PERSONALIZED OPTIONS				
	Daily Maximum Benefit ²	Lifetime Maximum Benefit ³	Current Premium	New Premium ⁴
Keep your Current Coverage	\$XXX	X-Year	\$XXX	\$XXX
Reduce your DMB	\$XXX	X-Year	\$XXX	\$XXX
Reduce your LMB	\$XXX	Y-Year	\$XXX	\$XXX
Reduce your DMB & LMB	\$XXX	Z-Year	\$XXX	\$XXX

[IF SIMPLE OR COMPOUND INFLATION, DMB AMOUNTS WILL BE THE INFLATED AMOUNTS IN ABOVE GRID]

IF YOUR EXISTING COVERAGE QUALIFIES AS A PARTNERSHIP ELIGIBLE PLAN, PLEASE NOTE. Whether your coverage qualifies for Partnership depends in part on your age and the type of inflation protection you select and maintain. If you elect to reduce your inflation protection coverage it may affect whether your coverage continues to be a Partnership eligible.

If you would like to elect an option to reduce the impact of the premium rate increase, please complete the enclosed Long Term Care Insurance Change Request Form and return it to the address noted on the form **within 30 days of the date of this letter**. This will help to ensure any coverage changes take effect on or prior to the effective date of the premium rate increase. You will be provided with a new Confirmation Statement if you elect to modify your coverage in any way.

Please also note there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, please call us at **800-732-0416** so we can review with you other options that might be available and the premium associated with those options. Please note that you have a right to receive a revised premium rate or rate schedule upon request.

[IF NFO:] [As an alternative to the options described above, you may exercise a right under the non-forfeiture benefit of your coverage to change your coverage to paid-up status. **The paid up value is based on the premium paid to date but will be no less than 30 times the Daily Maximum for Nursing Home care at the time of lapse; in no event will the paid up value exceed the Lifetime Maximum which would be payable if the plan remained in a premium paying status.** If you elect this option, no further premium payments will be due, and your Benefit Waiting/Elimination Period and Daily Maximum Benefits will remain the same, but your Lifetime Maximum Benefit will be reduced. If you wish to consider this option and would like to know the amount of your reduced Lifetime Maximum Benefit, please contact our Customer Service Center at **800-732-0416**. You can elect this option by checking the appropriate box on the enclosed *Long Term Care Insurance Change Request Form*. If you do not submit a *Long Term Care Insurance Change Request Form* or contact our Customer Service Center and coverage lapses because you do not pay the full increased premium, your coverage will

automatically be converted to paid-up status with reduced benefits. If you convert to this status, the amount of your reduced benefits will be provided to you in writing.]

[IF CNFO:] [As an alternative to the options described above, you may exercise a contingent benefit upon lapse right to change your coverage to paid-up status. **The paid up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if**

the policy remained in a premium paying status. If you elect this option, no further premium payments will be due, and your Benefit Waiting/Elimination Period and Daily Maximum Benefits will remain the same, but your Lifetime Maximum Benefit will be reduced. If you wish to consider this option and would like to know the amount of your reduced Lifetime Maximum Benefit, please contact our Customer Service Center at **800-732-0416**. You can elect this option within 120 days of the implementation of the premium increase by checking the appropriate box on the enclosed *Long Term Care Insurance Change Request Form*. If you do not submit a *Long Term Care Insurance Change Request Form* or contact our Customer Service Center and coverage lapses because you do not pay the full increased premium, your coverage will automatically be converted to paid-up status with reduced benefits. If you convert to this status, the amount of your reduced benefits will be provided to you in writing.]

Please Note: All options may not be of equal value.

[IF ADDITIONAL INCREASE IS *CERTAIN*] [We anticipate an additional premium increase will be necessary beyond the increase(s) described in this letter, but we do not presently know the date or amount of any future increase.]

[IF ADDITIONAL INCREASE IS *POSSIBLE*:] [It is possible, as we continue to regularly review the factors that impact premium rates, that one or more increase(s) may be needed beyond the increase(s) described in this letter.]

In the event a future increase becomes necessary, you will receive another advance notification of the effective date of any such increase. Options similar to those being offered now will be available and changes in benefits may be done at any time upon your request.

We will continue to monitor the factors that impact premiums to determine if our current assumptions are consistent with actual experience.

Any future increase will not be implemented until the request is reviewed and approved by Virginia's State Corporation Commission.

[IF THERE ARE ALTERNATIVE BENEFIT QUOTES:]

[If you elect to maintain your current benefit levels and pay the increased premium, you do not need to take any action at this time. Simply pay the increased premium when due.]

If you would like to elect an option to reduce the impact of the premium rate increase, please complete the enclosed *Long Term Care Insurance Change Request Form* and return it to the address noted on the form **within 30 days of the date of this letter.**

If you do not elect a benefit reduction option or inform us of your intent to terminate coverage within 30 days of the date of this letter, we will assume you wish to maintain your current benefit levels at the increased premium rate.]

We would like to remind you that there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, or if you have questions or concerns after reviewing this letter, **please call our Long-Term Care Customer Service Center at 800-732-0416**. We have a dedicated team ready to assist you Monday through Friday.

We appreciate having you as a customer and we look forward to continuing to serve you.

Sincerely,

Prudential Long Term Care

¹ The benefit amounts and premium amounts cited in this letter do not reflect any benefit changes that may already be pending at this time. Your actual premium may be different due to rounding.

² The Daily Maximum Benefit amounts are subject to any applicable state and/or partnership regulatory minimum benefit requirements. The Daily Maximum Benefit (DMB) is the most the coverage will reimburse for the costs of covered long-term care services received on any day.

³ Lifetime Maximum Benefit (LMB) represents the total pool of money available to reimburse the costs of covered long term care services you receive while insured, and is calculated by multiplying your DMB by the number of years in days.

⁴ Your actual premium may be different due to rounding.



Ritu Jain, ASA, MAAA
 Prudential Long Term Care
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 2 Gateway Center, 11th Floor
 Newark, NJ 07102
 Tel (973)548-6459
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Date: August 21, 2017
 To: Janet Houser
 Virginia Department of Insurance
 Re: SERFF Tracking Number: PRUD-129708969
 Objection Letter Dated July 17, 2017
 GLTC3 & 3.5 Re-Rate

Dear Janet Houser

This is in response to your questions on July 14th and July 17th, 2017.

- 1) **For each projection provided for the pre-stability block, please provide the anticipated future loss ratio where the numerator is equal to the anticipated incurred claims less policy reserves, and the denominator is equal to the anticipated earned premium.**

For the pre-stability block of business, the anticipated future loss ratio is 69%, calculated as a ratio of anticipated future incurred claims of 108,340,449 less policy reserves of 79,349,306, divided by anticipated earned premium before any rate increase of 41,869,218, based on the 2016 best estimate assumptions.

- 2) **Please supply the active life reserve balance as of 6/30/16 for the pre- and post-stability blocks separately, both Virginia and nationwide basis.**

Please see the active life reserves balance as of 6/30/2016, excluding the asset adequacy testing (AAT) reserves, for Virginia and Nationwide for GLTC3 block of business split between certificates issued before or on and after October 1, 2003.

GLTC3	<u>Pre-rate stability</u>	<u>Post-rate stability</u>	<u>Total</u>
Nationwide	79,349,306	1,189,558,994	1,268,908,300
Virginia	2,206,628	45,988,090	48,194,718

- 3) **If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?**

Prudential is willing to certify to no anticipated future rate increases if the 40% rate increase is approved and implemented, and the underlying assumptions with a 10% moderately adverse load to incurred claims are realized. Under no circumstances will Prudential seek increases that result in lifetime loss ratios lower than 92%.



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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 at email or phone number 973.548.6459.

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: 2017.08.21 11:11:25 -0400

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care



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Date: August 23, 2017
To: Janet Houser
Virginia Department of Insurance
Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated August 14th, 2017
GLTC3 & 3.5 Re-Rate

Dear Janet Houser

This is in response to your note to file on August 14th, 2017.

Once the Company has responded to our note to file dated 7/14/17 and our objection letter dated 7/17/17, we should be able to complete our review., If the increase is approved in full does the Company intend to implement this increase as a single increase or as a series of increases? If so, please advise what the rate increase will be for each period. Would it be simple or compounded increases? The Rate/Rule Schedule and Rate Request Summary would need to be amended accordingly.

If the rate increase request is approved in full, the Company intends to implement the increase over two years. A compound rate increase of 18.3% each year will be implemented for a total rate increase of 40%. Please see rate pages for multi-year implementation.

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 at email or phone number 973.548.6459.

Sincerely,

**Ritu Jain, ASA, MAAA,
Director and Actuary**

Digitally signed by Ritu Jain, ASA, MAAA, Director and Actuary
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Date: 2017.08.23 13:27:56 -04'00'

Ritu Jain, ASA, MAAA
Director, Actuary
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Date: October 17, 2017
To: Janet Houser
Virginia Department of Insurance
Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated August 24th, 2017
GLTC3 & 3.5 Re-Rate

Dear Janet Houser

This is in response to your letter of objection on August 22nd, 2017 and note to filer on August 24th, 2017.

Based on the Active Life Reserve balance that you have provided and the original pricing loss ratio of 97% (using actual distribution of business), the future anticipated loss ratio for the pre rate stabilization block is less than 97% even without any rate increase, so the Bureau would not be able to approve an increase based on that data. The Bureau will consider allowing the company to provide a recalculated active life reserve balance using the current assumption basis rather than a statutory reserve basis. If the company wishes the Bureau to reconsider, please provide the recalculated ALR (for the pre-stability policies on a nationwide basis).

Thanks for your review and decision for the pre-rate stabilization block. The recalculated ALR using the current assumptions basis would not make a significant change in results. Therefore, Prudential will separate this rate action between policies issued under pre-rate stabilization and those policies issued under post rate stabilization. With that in mind, the rate action request currently under Department review will only be applicable to those policies issued on or after October 1, 2003 and does not apply to policies issued before October 1, 2003".

Through an oversight on my part, I should have indicated in my previous note to have a copy of the current rates attached to Supporting Documentation.

Please see the current rates attached. Thanks

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration.

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: 2017.10.18 14:51:38 -0400

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors
83500 BFW 5013

Page 1 of 5

VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums					
Per \$100 of Nursing Home Daily Benefit					
Five Year Benefit / 90 Day Waiting Period					
Home Care Reimbursement Benefit Equal to 50% of Nursing Home Daily Benefit					
Issue Age	Periodic Inflation	Compound Inflation	Comp. Infl. w/ cap	Simple Inflation	No Inflation
18-25	\$ 71	\$ 275	\$ 103	\$ 127	\$ 69
26	75	288	109	134	72
27	78	301	116	142	76
28	82	314	123	150	80
29	87	328	130	159	84
30	91	343	138	168	88
31	96	358	146	178	92
32	100	374	155	188	97
33	106	391	165	199	102
34	111	409	174	210	107
35	116	427	185	222	113
36	122	446	196	235	118
37	129	466	208	249	124
38	135	487	221	263	130
39	142	509	234	278	137
40	149	532	248	294	144
41	158	557	265	312	152
42	167	584	283	332	161
43	176	611	303	353	170
44	187	640	324	375	180
45	198	670	346	399	190
46	209	702	370	424	201
47	221	735	396	451	212
48	234	770	423	479	225
49	248	807	453	509	237
50	262	845	484	541	251
51	283	892	522	579	271
52	305	941	563	620	292
53	329	993	607	663	316
54	355	1,048	655	710	341
55	383	1,107	706	759	368
56	414	1,168	762	813	397
57	446	1,233	822	870	429
58	482	1,301	886	931	463
59	520	1,373	956	996	499
60	561	1,449	1,031	1,066	539
61	609	1,502	1,095	1,122	586
62	661	1,557	1,163	1,180	636
63	717	1,613	1,236	1,242	691
64	779	1,672	1,312	1,307	751
65	845	1,733	1,394	1,375	816
66	917	1,834	1,502	1,473	885
67	995	1,942	1,618	1,578	961
68	1,080	2,055	1,743	1,690	1,042
69	1,172	2,176	1,878	1,811	1,131
70	1,272	2,303	2,023	1,940	1,227
71	1,411	2,489	2,219	2,126	1,362
72	1,566	2,690	2,435	2,329	1,512
73	1,737	2,907	2,671	2,552	1,678
74	1,928	3,141	2,930	2,796	1,863
75	2,139	3,395	3,214	3,064	2,068
76	2,378	3,694	3,524	3,366	2,300
77	2,644	4,020	3,864	3,699	2,559
78	2,939	4,375	4,237	4,064	2,846
79	3,268	4,760	4,646	4,465	3,166
80	3,633	5,180	5,094	4,906	3,521
81	3,916	5,503	5,427	5,243	3,802
82	4,221	5,846	5,782	5,603	4,105
83	4,549	6,211	6,160	5,988	4,432
84	4,903	6,598	6,562	6,399	4,785
85	5,285	7,010	6,991	6,839	5,167

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors
83500 BFW 5013

Page 2 of 5

VIRGINIA BASE RATES					
Long Term Care Base Plan Gross Annual Premiums					
Per \$100 of Nursing Home Daily Benefit					
Five Year Benefit / 90 Day Waiting Period					
Home Care Reimbursement Benefit Equal to 100% of Nursing Home Daily Benefit					
Issue Age	Periodic Inflation	Compound Inflation	Comp. Infl. w/ cap	Simple Inflation	No Inflation
18-25	\$ 87	\$ 339	\$ 126	\$ 156	\$ 84
26	91	354	133	165	88
27	96	370	142	175	93
28	101	386	150	185	98
29	106	403	159	196	103
30	112	421	169	207	108
31	118	440	179	219	114
32	124	459	190	232	119
33	130	479	202	245	125
34	137	501	214	259	132
35	144	523	227	274	139
36	152	546	241	290	146
37	160	570	255	307	153
38	168	595	271	324	161
39	177	622	288	343	169
40	186	649	305	363	178
41	197	679	326	385	188
42	208	710	348	409	199
43	221	742	372	435	211
44	233	776	397	461	223
45	247	812	424	490	236
46	261	849	453	520	250
47	277	888	484	552	265
48	293	928	517	586	280
49	310	971	552	623	297
50	328	1,015	590	661	314
51	353	1,068	634	705	338
52	380	1,124	682	753	364
53	409	1,183	733	803	392
54	440	1,245	788	857	422
55	474	1,310	847	914	454
56	510	1,379	910	976	489
57	549	1,452	978	1,041	526
58	591	1,528	1,052	1,111	567
59	636	1,608	1,130	1,186	610
60	685	1,692	1,215	1,265	657
61	739	1,747	1,285	1,326	710
62	797	1,803	1,358	1,389	766
63	860	1,861	1,436	1,456	827
64	927	1,921	1,519	1,526	894
65	1,000	1,983	1,606	1,599	965
66	1,081	2,091	1,723	1,706	1,043
67	1,169	2,205	1,848	1,820	1,128
68	1,265	2,324	1,982	1,942	1,219
69	1,368	2,451	2,126	2,072	1,318
70	1,479	2,584	2,281	2,211	1,425
71	1,634	2,779	2,490	2,410	1,576
72	1,806	2,990	2,717	2,626	1,742
73	1,996	3,216	2,966	2,862	1,927
74	2,206	3,459	3,237	3,120	2,131
75	2,438	3,721	3,533	3,400	2,356
76	2,694	4,029	3,853	3,714	2,605
77	2,978	4,362	4,202	4,057	2,881
78	3,291	4,723	4,583	4,431	3,186
79	3,637	5,113	4,998	4,840	3,523
80	4,020	5,536	5,451	5,287	3,896
81	4,310	5,856	5,782	5,622	4,185
82	4,622	6,195	6,132	5,978	4,495
83	4,956	6,554	6,504	6,356	4,829
84	5,314	6,933	6,899	6,759	5,187
85	5,698	7,334	7,317	7,187	5,572

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors
83500 BFW 5013

Page 3 of 5

Adjustment Factors - Benefit Period		
Benefit Period (Years)	Home Health Equal to 50% of Maximum Daily Benefit	Home Health Equal to 100% of Maximum Daily Benefit
2	0.72	0.69
3	0.85	0.83
4	0.94	0.93
5	1.00	1.00
10	1.23	1.25
Lifetime	1.30	1.33

Adjustment Factors - Benefit waiting/Elimination Period	
Benefit waiting/elimination Period (days)	Premium Adjustment Factor
0	1.20
30	1.13
60	1.06
90	1.00
180	0.92
365	0.79

Adjustment Factors - to adjust ALF Benefit		
Home Health Percentage	Assisted Living Facility Benefit Percentage	
	50%	100%
50%	1.00	1.05
100%	0.97	1.00

Adjustment Factors - to adjust Adult Day Care Benefit		
Home Health Percentage	Adult Day Care Benefit Percentage	
	50%	100%
50%	1.00	1.02
100%	0.99	1.00

Adjustment Factors - Informal Caregiver Coverage	
Informal Caregiver Benefit as a percent of the Home Health Care Daily Maximum	Premium Adjustment Factor
0%	1.00
100%	1.04

Adjustment Factors - Premium Payment Mode	
Premium Payment Mode	Adjustment Factor
Annual	11.33
Semi-Annual	5.83
Quarterly	3.00
Monthly	1.00

Adjustment Factors - Billing/Administrative	
Administration	Premium Adjustment Factor
Complex and Direct Bill	1.05
Complex Standard	1.03
Automated/ Direct Bill only	0.97

Virginia Rates
February 1, 2015

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors
83500 BFW 5013

Page 4 of 5

Adjustment Factors - Type of Medical Underwriting	
Underwriting	Premium Adjustment Factor*
Simplified Underwriting for Non-Employees (ages<65) and Guaranteed Issue for Employees	1.04
Simplified Underwriting for All Insureds with Issue Ages <65	1.03
Full Medical Underwriting for Non-Employees and Guaranteed Issue for Employees	1.00
Simplified Underwriting for Employees and Full Underwriting for Non-Employees	0.99
Full Medical Underwriting for all applicants	0.94

Adjustment Factors - Employer Size	
Number of Eligible Employees	Premium Adjustment Factor
< 2,000	1.02
2,000 +	1.00

* Adjustment factors only apply to issue ages less than 65

Adjustment Factors - Commission Rate Variations	
Level Commission Rate*	Premium Adjustment Factor
0%	1
1%	1.01
2%	1.02
3%	1.03
4%	1.04
5%	1.05
6%	1.06
7%	1.07
8%	1.08
9%	1.09
10%	1.1
11%	1.11
12%	1.12
13%	1.13
14%	1.14
15%	1.15
16%	1.16
17%	1.17
18%	1.18
19%	1.19
20%	1.20

*Or actuarially equivalent non-level commission schedules

Adjustment Factors - Core Business			
Issue Age	Core Premium Adjustment Factors for Various Employee Turnover Rate Scenarios Without Employer Subsidy After Retirement		
	Low	Medium	High
<= 30	0.93	0.68	0.56
40	0.91	0.77	0.72
50	0.83	0.81	0.8
60	0.74	0.74	0.74
>= 65	1.00	1.00	1.00

Adjustment Factors - Core Business			
Issue Age	Core Premium Adjustment Factors for Various Employee Turnover Rate Scenarios With Employer Subsidy After Retirement		
	Low	Medium	High
<= 30	1.39	0.93	0.74
40	1.46	1.19	1.11
50	1.39	1.34	1.33
60	1.22	1.22	1.22
>= 65	1.22	1.22	1.22

Adjustment Factors - Marketing Strategy	
Marketing Strategy	Premium Adjustment Factor
Minimal	0.97
Standard	1.00
Enhanced	1.03

Adjustment Factors - For Underwriting Judgement	
	Premium Adjustment Factor
Demographic-Based	.85 - 1.15

Virginia Rates

Appendix F
The Prudential Insurance Company of America
Group Long Term Care Insurance Plan
Base Rates and Adjustment Factors
83500 BFW 5013

Page 5 of 5

Adjustment Factors - Spouse Discounts				
Discount Applies to	Premium Adjustment Factor			
	5% Discount	10% Discount	15% Discount	20% Discount
Any Married	1.04	1.08	1.13	1.18
Married Persons if Both Spouses Apply	1.03	1.07	1.11	1.15

Adjustment Factors - Death Benefit	
Death Benefit Type	Premium Adjustment Factor
None	0.96
Minimum	0.99
Standard	1.00

Adjustment Factors - Monthly Benefit	
Benefit Type	Premium Adjustment Factor
Monthly	1.07
Daily	1.00

Adjustment Factors - Cash Benefit Rider	
Age	Cash Benefit Rider
< 65	1.70
65 and older	1.59

Adjustment Factors - Additional Rider	
Benefit Type	Premium Adjustment Factor
Return of Premium	1.25
Shortened Benefit Period	1.11
Shared Waiver of Premium	1.03
Survivor Benefit	1.13

Adjustment Factors - Restoration of Benefits Riders	
Benefit Period (Years)	Restoration of Benefits
2	1.03
3	1.02
4	1.01
5	1.01
10	1.01
Lifetime	1.00

Adjustment Factors - Frequency of Periodic Inflation Offer	
Frequency of Offer	Premium Adjustment Factor
Every Year	1.03
Every Two Years	1.01
Every Three Years	1.00

Adjustment Factors - ADL Trigger	
ADL Benefit Trigger	Premium Adjustment Factor
2 of 6	1.00

* Contingence is excluded



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ritu.jain@prudential.com

Date: December 1, 2017

To: Janet Houser
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated October 19th, 2017
GLTC3 & 3.5 Re-Rate

Dear Janet Houser

This is in response to your letter of objection on October 19th, 2017.

It is our understanding after our phone conversation with Mr. Burns on 10/11/2017, the filing will be revised to withdraw a request for a rate increase on the pre-stability block and only pursue an increase on the post stability block. We look forward to receiving the revised data and changes in the SERFF filing in the near future.

The rate action request currently under Department review will only be applicable to those policies issued on or after October 1, 2003 and will not apply to policies issued before October 1, 2003. Please see the revised rate pages and actuarial memorandum. The SERFF information has been revised to reflect only the post rate stability block.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration.

Sincerely,

Ritu Jain, ASA, MAAA,
Director and Actuary

Digitally signed by Ritu Jain, ASA, MAAA, Director and Actuary
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Date: 2017.12.01 15:18:28 -05'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care



The Prudential Insurance Company of America
 As Administered by CHCS
 P.O. Box 8526
 Philadelphia, PA, 19176-8526
 Fax: [1-877-773-9515]

Certificate Number: [XXXXXXXXXXXX]
 Insured: [FirstNameLastName]

[Date]

Please complete and return by mail or facsimile number shown above.

LONG TERM CARE INSURANCE CHANGE REQUEST FORM

This form may be used to make changes to your Long Term Care insurance coverage to reduce the impact of your premium increase. Before making any changes, we strongly encourage you to review your certificate of insurance and to call our Long Term Care Customer Service Center at [1-800-732-0416] to discuss the complete range of options available to you, including how your selection of each option will affect (1) the amount of premium you will be required to pay, and (2) your coverage. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time.

Please indicate your change(s) by checking and completing the options below. Sign and return this form within 30 days of the date above. This will help to ensure any coverage changes take effect on or prior to the effective date of the increase.

NOTE: If you check more than one option, you should call us for the actual premium amounts since those shown in the letter included with this form will change.

- [Decrease my *inflated* Daily Maximum Benefit for Nursing Home care from [\$XXX] to [\$YYY] (my corresponding *purchased* Daily Maximum Benefit for Nursing Home care would decrease from [\$XXX] to [\$YYY]). I understand all other benefits calculated as a percentage or a factor of this Daily Maximum Benefit for Nursing Home amount will also be reduced accordingly.]
- [Decrease my Daily Maximum Benefit for Nursing Home care from [\$XXX] to [\$YYY]. I understand all other benefits calculated as a percentage or a factor of this Daily Maximum Benefit for Nursing Home amount will also be reduced accordingly.]
- Decrease my Lifetime Maximum Benefit amount by changing the number of years used to calculate such benefits from [X years][unlimited] to [Y] years.
- [Decrease my *inflated* Daily Maximum Benefit for Nursing Home care from [\$XXX] to [\$YYY] (my corresponding *purchased* Daily Maximum Benefit for Nursing Home care would decrease from [\$XXX] to [\$YYY]) **AND** decrease my Lifetime Maximum Benefit amount by changing the number of years used to calculate such benefits from [X years][unlimited] to [Y] years. I understand all other benefits calculated as a percentage or a



The Prudential Insurance Company of America
As Administered by CHCS
P.O. Box 8526
Philadelphia, PA, 19176-8526
Fax: [1-877-773-9515]

factor of this Daily Maximum Benefit for Nursing Home amount will also be reduced accordingly.]

- [Decrease my Daily Maximum Benefit for Nursing Home care from [\$XXX] to [\$YYY] AND decrease my Lifetime Maximum Benefit amount by changing the number of years used to calculate such benefits from [X years] [unlimited] to [Y] years. I understand all other benefits calculated as a percentage or a factor of this Daily Maximum Benefit for Nursing Home amount will also be reduced accordingly.]
- [I wish to exercise the non-forfeiture option. I understand that by doing so, no further premium payments will be due under my policy and my Benefit Waiting Period and Daily Maximum benefit will remain the same, but my Lifetime Maximum benefit will be reduced, and I will not be eligible for any additional inflation protection increases because my policy will be on paid-up status. I understand that if I elect this option, I cannot elect any of the other options shown on this form.]
- [I wish to exercise the contingent benefit upon lapse option. I understand I can only make this election within the 120 day period following the due date of my increased premium, and I must continue paying premium up until that due date. I further understand by making this election, no further premium payments will be due and my Benefit Waiting/Elimination Period and Daily Maximum Benefits will remain the same, but my Lifetime Maximum Benefit will be reduced, and I will not be eligible for any additional inflation protection increases because my coverage will be on paid-up status. I understand if I elect this option, I cannot elect any of the other options shown on this form.]
- I wish to do the following: I understand someone from the Long Term Care Customer Service Center may call me to clarify my wishes or explain if the change requested can be made. Please fill in this section ONLY if you have already contacted the Customer Service Center to explore alternative options and the associated cost.

Please Note: All options may not be of equal value.

IF YOUR EXISTING COVERAGE QUALIFIES AS A PARTNERSHIP ELIGIBLE PLAN, PLEASE NOTE. Whether your coverage qualifies for Partnership depends in part on your age and the type of inflation protection you select and maintain. I understand that a reduction to my inflation protection coverage may affect whether my coverage continues to be a Partnership eligible. I understand that to retain my Partnership qualification status, I need to maintain the level of inflation protection in effect.



The Prudential Insurance Company of America
 As Administered by CHCS
 P.O. Box 8526
 Philadelphia, PA, 19176-8526
 Fax: [1-877-773-9515]

Please also note there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, please call us at [1-800-732-0416] so we can review with you other options that might be available and the premium associated with those options. We have a dedicated team ready to assist you Monday through Friday during normal business hours, [8:00 a.m. to 7:00 p.m.], Eastern Standard Time.

I understand the coverage change(s) I have selected above will reduce my current benefits, depending upon the option(s) selected in exchange for a corresponding reduction in the premium that I will be required to pay when the impending premium rate increase takes effect. I acknowledge The Prudential Insurance Company of America (Prudential) has made the Long Term Care Customer Service Center available for me to discuss these option(s). I affirm these selection(s) are made voluntarily and I am under no obligation to make them. I understand that I may consult with accounting, financial planning, tax and other professional advisors before making any change(s) to my coverage. I acknowledge that Prudential encourages me to do so to ensure that any change(s) I make to my coverage best suit my individual financial and insurance needs. I agree any change(s) will become effective on the date set by The Prudential Insurance Company of America upon receipt of this request.

 Signature of Insured for Certificate Number:
 [XXXXXXXXXXXX]

 Date Signed:

All requested changes to your benefits must be in writing and cannot be processed over the phone.



Ritu Jain, ASA, MAAA
Prudential Long Term Care
100 Mulberry St.
2 Gateway Center, 11th Floor
Newark, NJ 07102
Tel (973)548-6459
ritu.jain@prudential.com

Date: April 25, 2018

To: Greg Smith
Virginia Department of Insurance

Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated April 13th, 2017
GLTC-3 & 3.5 Re-Rate

Dear Greg Smith

This is in response to your letter of objection on April 17th, 2018.

It is our understanding that the company is not requesting a rate increase on Pre-Rate Stability policies. Therefore, please make the following revisions/edits:

- Appendix A appears to state that Pre-Rate policies may be subject to an increase. Please remove references to any rate increase for Pre-Rate Stability policies in Appendix A, the Actuarial Memo, and all other documents in this filing.

Please see the revised Appendix A for the Post-Rate Stability policies only and with the references for any Pre-Rate Stability policies removed. These appendices are identical to the ones provided with the response to the March 23, 2017 objection.

The revised actuarial memo applicable to only Post-Rate Stability policies was provided with the response to the February 13th, 2018 objection. It is attached with this objection response for reference.

- Rate/Rule Schedule, Company Rate Information

Confirm accuracy of Written Premium Change, Number of Policy Holders Affected for this Program, and Minimum % Change. Are they adjusted for the Pre-Rate policies?

The SERFF information is updated to exclude the Pre-Rate policies and is now reflecting Post-Rate Stability policies only.

Objection 2

Comments:

Rate/Rule Schedule, Company Rate Information

Please confirm use of the term "Policy Holders" in your calculations. Also, include in your response the number of lives affected by the rate increase.



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The word “Policy Holders” has been used interchangeably with certificate holders / lives for the group long term care in our communications with the Department. The number of lives impacted by this rate increase as per the June 30th, 2017 census are 3,913.

Objection 3

Comments:

Please submit the following rate pages:

- Pre-Rate Stability policy rates reflecting 0% rate change,

Since the Pre-Rate Stability block of business has not had any prior rate increase and is not impacted by this round of rate increase, the premium rates approved with the original filing are applicable and unchanged.

- Post-Rate Stability policy rates reflecting first year adjustment of **18.3%**

- Post-Rate Stability policy rates reflecting second year adjustment of **18.3%**

Please see the rate pages attached for the Post-Rate Stability policies for first and second year, with a rate increase of **18.3%** each year. These rate pages are identical to the ones provided with the response to the October 19th, 2017 objection.

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.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration.

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: 2018.04.25 11:17:30 -04'00'

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care



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ritu.jain@prudential.com

Date: August 2, 2018
To: Greg Smith
Virginia Department of Insurance
Re: SERFF Tracking Number: PRUD-129708969
Objection Letter Dated July 10th, 2018
GLTC-3 & 3.5 Re-Rate

Dear Greg Smith

This is in response to your letter of objection on July 10th, 2018.

Objection 1

Please, clarify the following entries in the **Company Rate Information** section :

- We note in your last update that the Written Premium increased although the Number of Policy Holders Affected went down. Please explain.

The increase in the written premium is due to the purchase of GPO, Guaranteed Purchase Option, by the policyholders. The last update was based on inforce as of 6/30/2016 while the initial filing was as of 9/30/2013.

- Minimum % Change, it would seem this entry would be 0% as pre-rate policies are not receiving an increase. Please revise or explain in detail.

We will make this change in SERFF next week when Raenonna Prince returns from vacation

- As pre-rate policies are not included in the increase, it would seem the 40% Overall Indicated Change and Overall Rate Impact should reflect weighted adjustment. Please revise or explain approach.

We will make this change in SERFF next week when Raenonna Prince returns from vacation

Objection 2

Please include, in the letter, an explanation of what happens in the event of a rate increase while an insured's premiums are being waived because they are on claim.

Policies on waiver of premium neither receive a rate increase notification letter nor the rate increase is implemented. The rate increase is implemented after the policy is no longer on waiver of premium status.



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Objection 3

Request discussion on letter structure to expedite process.

Please revise paragraph 2, in the letter, to include the actual premium that the insured will pay starting the 2nd rate increase. For ease of understanding, the pertinent numbers concerning the rate increase process should be briefly summarized in one location.

See the attached revised policyholder notification letter with the requested change.

Objection 4

Please explain how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.

Active life reserves are held for policies that trigger contingent benefit upon lapse due to rate increases. These reserves are used to back the reduced paid up policies that are issued with benefits based on the premiums and claims made throughout the life of the policy.

I hope the Department finds the responses to satisfaction and the Company appreciates your time and consideration.

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: 2018.08.10 12:01:21 -0400

Ritu Jain, ASA, MAAA
Director, Actuary
Prudential Long Term Care

The Prudential Insurance Company of America
As Administered by CHCS
Long-Term Care Customer Service Center
P.O. Box 8526
Philadelphia, PA, 19176-8526
Tel: 1-800-732-0416 Fax: 1-877-773-9515

February 6, 2019

JOHN DOE
123 ANY PLACE
ANY WHERE, VA 12345-6789

Re: Long Term Care Insurance – **Notice of Premium Increase**
Certificate Number: 1234567890

Dear Mr. Doe:

We are writing to inform you that we are increasing the premium for the above-referenced long term care insurance coverage by 40%. Your increase will be implemented in multiple stages. The initial premium increase for your plan is 18.3%. We understand this premium increase impacts you financially, but we hope you will continue to appreciate the value of your long term care insurance coverage. The increase impacts a broad group of long term care insurance customers like you and is not based on any individual's personal factors, such as health status or claim history. We determined that a premium rate increase was necessary after thoroughly evaluating the factors that impact premium rates, including assumptions we make about the amount of claims we expect to pay, the life expectancy of our insureds, the number of insureds who will lapse their coverage over the life of the coverage and prevailing interest rates. After conducting an extensive review of our actual experience concerning each of these factors, we determined that a premium increase is necessary to continue to provide the quality insurance coverage you have come to expect.

Your current premium is \$67.98, paid monthly. This premium increase will be implemented as shown in the chart below. This chart reflects your premium increases assuming no benefit changes are made to your policy¹.

Effective Date of Premium Increase	Premium Increase Percentage	New Monthly Premium
June 1, 2019 ¹	18.3%	\$80.42
June 1, 2020 ¹	18.3%	\$95.14

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

We have also notified the Group Contract Holder through which this coverage was purchased. Please read this letter carefully and in its entirety. Please also refer to the enclosed document entitled *Frequently Asked Questions*, which provides more information about this premium increase. If you have other questions or concerns after reviewing this letter, **please call our Long-Term Care Customer Service Center at 1-800-732-0416**. We have a dedicated team ready to assist you Monday through Friday during normal business hours, 8:00 a.m. to 7:00 p.m., Eastern Standard Time.

Since you pay premium through your employer, please be aware the amount deducted will be adjusted to reflect the increase in premium.

If you decide to pay your premium at the increased rate listed above, your coverage will remain the same. In the alternative, we have set forth a number of options below that will allow you to reduce the amount of your premium increases by electing to reduce the amount of coverage you have. We urge you to consider each of these options carefully.

Personalized Options to Reduce the Impact of the Premium Rate Increase

- You may reduce your current Daily Maximum Benefit (DMB) for Nursing Home care. Please note all other benefits are calculated as a percentage or a factor of this Daily Maximum Benefit for Nursing Home amount; therefore, a reduction to the Daily Maximum Benefit for Nursing Home care will reduce all of your other benefits accordingly. This means the maximum benefit you could receive under the coverage for each day you receive benefits will be reduced to the amount stated below. This change would moderate the impact of the increase in premium.²

Please note that by reducing your Daily Maximum Benefit for Nursing Home care, you will also be reducing the total dollar amount of benefits payable under your coverage (Lifetime Maximum Benefit/LMB), since the Lifetime Maximum Benefit is calculated by multiplying the Daily Maximum Benefit for Nursing Home care by the number of days the coverage was intended to last, unless your coverage has an unlimited Lifetime Maximum Benefit. For example, \$100 Daily Maximum Benefit for Nursing Home care x 5 year plan x 365 days = \$182,500. Reducing the Daily Maximum Benefit for Nursing Home care to \$80 = \$80 x 5 years x 365 days = \$146,000.

Before making any decision to reduce your Daily Maximum Benefit for Nursing Home care, please consider the current and future cost of care in the geographic area where you anticipate receiving care, and the amount you expect to be able to pay for care from your own assets and savings.

- You may reduce your Lifetime Maximum Benefit amount by changing the number of years used to calculate such benefits. This means your Lifetime Maximum Benefit shown in a dollar amount will be recalculated to a lower dollar amount. This change may help to minimize the impact of the increase in premium.
- You may reduce **both** your current Daily Maximum Benefit for Nursing Home care **and** your Lifetime Maximum Benefit. This combination of changes may help to minimize the impact of the increase in premium.

PERSONALIZED OPTIONS

	Daily Maximum Benefit ²	Lifetime Maximum Benefit ³	Current Premium	New Monthly Premium ⁴
Keep your Current Coverage	\$100	5-Year	\$67.98	\$80.42
Reduce your DMB	\$80	5-Year	\$67.98	\$64.34
Reduce your LMB	\$100	3-Year	\$67.98	\$68.36
Reduce your DMB & LMB	\$90	4-Year	\$67.98	\$68.04

IF SIMPLE OR COMPOUND INFLATION, DMB AMOUNTS WILL BE THE INFLATED AMOUNTS IN ABOVE GRID

IF YOUR EXISTING COVERAGE QUALIFIES AS A PARTNERSHIP ELIGIBLE PLAN, PLEASE NOTE. If you elect to make any changes to your certificate of coverage, such changes could affect whether your coverage continues to be a Partnership certificate. Before you elect to make any changes, you should consult with a representative from our Customer Service Center at 1-800-732-0416. We have a dedicated team ready to assist you Monday through Friday during normal business hours, 8:00 a.m. to 7:00 p.m., Eastern Standard Time.

If you would like to elect an option to reduce the impact of the premium rate increase, please complete the enclosed Long Term Care Insurance Change Request Form and return it to the address noted on the form **within 30 days of the date of this letter**. This will help to ensure any coverage changes take effect on or prior to the effective date of the premium rate increase. You will be provided with a new Confirmation Statement if you elect to modify your coverage in any way.

Please also note there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, please call us at 1-800-732-0416 so we can review with you other options that might be available and the premium associated with those options. We have a dedicated team ready to assist you Monday through Friday during normal business hours, 8:00 a.m. to 7:00 p.m., Eastern Standard Time. Please note that you have a right to receive a revised premium rate or rate schedule upon request.

As an alternative to the options described above, you may exercise a right under the non-forfeiture benefit of your coverage to change your coverage to paid-up status. **The paid up value is based on the premium paid to date but will be no less than 30 times the Daily Maximum for Nursing Home care at the time of lapse; in no event will the paid up value exceed the Lifetime Maximum which would be payable if the plan remained in a premium paying status.** If you elect this option, no further premium payments will be due, and your Benefit Waiting/Elimination Period and Daily Maximum Benefits will remain the same, but your Lifetime Maximum Benefit will be reduced. If you wish to consider this option and would like to know the amount of your reduced Lifetime Maximum Benefit, please contact our Customer Service Center at 1-800-732-0416, Monday through Friday during normal business hours, 8:00 a.m. to 7:00 p.m., Eastern Standard Time. You can elect this option by checking the appropriate box on the enclosed *Long Term Care Insurance*

Change Request Form. If you do not submit a *Long Term Care Insurance Change Request Form* or contact our Customer Service Center and coverage lapses because you do not pay the full increased premium, your coverage will automatically be converted to paid-up status with reduced benefits. If you convert to this status, the amount of your reduced benefits will be provided to you in writing.

Please Note: All options may not be of equal value.

We anticipate an additional premium increase will be necessary beyond the increases described in this letter, but we do not presently know the date or amount of any future increase.

In the event a future increase becomes necessary, you will receive another advance notification of the effective date of any such increase. Options similar to those being offered now will be available and changes in benefits may be done at any time upon your request.

We will continue to monitor the factors that impact premiums to determine if our current assumptions are consistent with actual experience.

Any future increase will not be implemented until the request is reviewed and approved by Virginia's State Corporation Commission.

If you elect to maintain your current benefit levels and pay the increased premium, you do not need to take any action at this time. Simply pay the increased premium when due.

If you would like to elect an option to reduce the impact of the premium rate increase, please complete the enclosed *Long Term Care Insurance Change Request Form* and return it to the address noted on the form **within 30 days of the date of this letter**.

If you do not elect a benefit reduction option or inform us of your intent to terminate coverage within 30 days of the date of this letter, we will assume you wish to maintain your current benefit levels at the increased premium rate.

We would like to remind you that there may be additional options available to you. If you wish to explore other options to reduce the impact of this premium rate increase, or if you have questions or concerns after reviewing this letter, **please call our Long-Term Care Customer Service Center at 1-800-732-0416**. We have a dedicated team ready to assist you Monday through Friday during normal business hours, 8:00 a.m. to 7:00 p.m., Eastern Standard Time.

We appreciate having you as a customer and we look forward to continuing to serve you.

Sincerely,

Prudential Long Term Care

¹ The benefit amounts and premium amounts cited in this letter do not reflect any benefit changes that may already be pending at this time. Your actual premium may be different due to rounding.

² The Daily Maximum Benefit amounts are subject to any applicable state and/or partnership regulatory minimum benefit requirements. The Daily Maximum Benefit (DMB) is the most the coverage will reimburse for the costs of covered long-term care services received on any day.

³ Lifetime Maximum Benefit (LMB) represents the total pool of money available to reimburse the costs of covered long term care services you receive while insured, and is calculated by multiplying your DMB by the number of years in days.

⁴ Your actual premium may be different due to rounding.