

John Hancock Life Insurance Company (U.S.A.)
Actuarial Memorandum for Inforce Rate Increase – Advantage Policy Series
January 14, 2025

<u>Product Name</u>	<u>Form Number</u>	<u>Issue Date Range</u>
ProtectCare Advantage LTC	LTC-MD-91	Oct 1991 - May 1994
ProtectCare Advantage NH	NH-MD-91	Oct 1991 - Oct 1993
ProtectCare Advantage Plus LTC	LTC-94 MD	Oct 1993 - May 1998
ProtectCare Advantage Plus LTC	LTC-94-MD 9/94	Oct 1993 - May 1998
ProtectCare Advantage Plus NH	NH-94-MD	Jan 1995 - Jun 1997

1. Scope & Purpose

This memorandum consists of materials which support the development of new premium rates for the above captioned policy series forms. The purpose of this memorandum is to demonstrate that the requirements of this State in regards to an in force rate increase request have been met. This rate filing is not intended to be used for any other purpose.

2. Requested Rate Increase

The Company is requesting a flat rate increase of 50.0%.

These rate increases were determined as the amounts needed to meet the target loss ratio (restated for removal of waived premiums) from our prior filing, based on nationwide experience through yearend 2021, and then projected future experience.

In accordance with COMAR 31.14.01.04(A)(5), we are willing to phase-in the requested rate increase on an equivalent basis such that the maximum annual rate increase does not exceed 15%.

The rate stability rule is demonstrated at the bottom of **Exhibit 1**.

In the rate schedules by policy form, **Appendix B1** contains the new proposed rate tables for all policy forms included with this filing for those policyholders that *never* elected an inflation reduction or shared cost option as part of the 2013 or 2016 rate increase filings.

In the rate schedules by policy form, **Appendices B2 forward** contain the new proposed rate tables for all policy forms included with this filing for those policyholders that *did* elect an inflation reduction or shared cost option as part of the 2013 and/or 2016 rate increase filings.

Please note that the actual rates implemented may vary slightly from those in Appendices B1 forward due to implementation rounding algorithms.

Exhibit 1 contains nationwide past premium and claims experience as well as future premium and claim projections. Waived premiums are not included. It illustrates that the anticipated lifetime loss ratio with the requested rate increase is 87.3%, well in excess of the minimum loss ratio of 60% as well as greater than the original pricing loss ratio of 67.3%. Please note that the original pricing loss ratio was not restated for the removal of waived premiums due to immateriality. The lifetime loss ratio as of 12/31/2021 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium where accumulation and discounting occur at the maximum statutory valuation discount

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rate. The maximum statutory valuation discount rate is 5.5% for policies issued before 1993, 5.0% for policies issued from 1993 and before 1995, and 4.5% for policies issued in 1995 and after.

Exhibit 1 also contains the original expected loss ratio projections, adjusted for the actual mix of business issued, with the lifetime loss ratio also calculated as stated above.

Furthermore, **Exhibit 1** demonstrates that the calculated loss ratio respects the applicable pre and post stability requirements:

Post-stability form requirements:

The sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times the greater of the original assumed lifetime loss ratio and 58%,
2. Accumulated value of prior premium rate schedule increases times the greater of the original assumed lifetime loss ratio and 85%,
3. Present value of future projected initial earned premium times the greater of the original assumed lifetime loss ratio and 58%, and
4. Present value of future projected premium in excess of the projected initial earned premium times the greater of the original assumed lifetime loss ratio and 85%.

Pre-stability form requirements:

The sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times the greater of the original assumed lifetime loss ratio and 60%,
2. Accumulated value of prior premium rate schedule increases times the greater of the original assumed lifetime loss ratio and 80%,
3. Present value of future projected initial earned premium times the greater of the original assumed lifetime loss ratio and 60%, and
4. Present value of future projected premium in excess of the projected initial earned premium times the greater of the original assumed lifetime loss ratio and 80%.

Detail on assumptions and recent analysis is provided in **Addendum #1 - Assumptions and Analysis Performed**.

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4. Proposed Effective Date

New rates will not be effective until after the completion of prior rate increases for all policyholders with product forms listed in this memo. These rates will be effective on the next policy anniversary date after completion, following at least a 90 day policyholder notification period. The assumed effective date used to calculate the rate increase is 11/01/2024.

5. History of Previous Rate Revisions

An average rate increase of 13.0% on these policy forms was accepted by your state on September 10, 2008.

An average rate increase of 13.6% on these policy forms was accepted by your state on September 13, 2012.

An average rate increase of 12.1% on these policy forms was accepted by your state on September 11, 2013.

An average rate increase of 15.0% on these policy forms was accepted by your state on September 29, 2014.

An average rate increase of 14.9% on these policy forms was accepted by your state on October 23, 2015.

An average rate increase of 32.3% on these policy forms was accepted by your state on August 01, 2017 which was phased-in over 2 years with a 15% annual maximum..

An average rate increase of 19.3% on these policy forms was accepted by your state on April 01, 2020 which was phased-in over 3 years with a 15% annual maximum..

6. Reduced Benefit Options (RBOs)

If the full or substantial portion of the rate increase request is approved and per the state's agreement, we will file the following additional options which provide policyholders alternatives to the rate increase:

- ***Inflation Landing Spots***

Future inflation options (also referred to as "landing spots") allow policyholders that have Compound or Simple inflation coverage the option to offset the rate increase. Under these options, the policyholders get to keep their current accumulated Daily benefit and their current remaining Lifetime Maximum Benefit, but the future indexation rate will be reduced to a level which is actuarially equivalent to the requested rate increase in aggregate. These options are not available to policyholders that have limited inflation coverage, where benefit increases cease after 20 years or at attained age 85. These options are also not available to limited pay policies or policyholders who have elected three prior inflation reductions.

- ***Shared Cost Option***

Shared Cost option is an actuarially equivalent option that allows policyholders the option to offset the rate increase. The Shared Cost option would:

- Reduce the policyholder's current policy benefit amounts by their Shared Cost percentage. The daily/monthly benefit and the policy limit will be reduced by the Shared Cost percentage
- Apply a percentage factor to any future claim payments equal to the Shared Cost percentage. John Hancock will pay our portion (1 minus the Shared Cost percent) of any covered services,

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but will not pay more than the new reduced daily/monthly benefit amount and the policyholder will be responsible for the remainder.

Shared Cost Percentages are calculated using seriatim, nationwide data for each benefit period, inflation type and issue age band combination. All Shared Cost percentages are determined to be actuarially equivalent to the requested rate increases by combination of 5-year issue age band, benefit period and inflation type. The Shared Cost option is not available to limited pay policies or policyholders who have elected two prior Shared Cost options.

- ***Voluntary Enhanced Paid-Up Policy Option***

For those who choose to stop paying premiums, this option will be a paid-up policy with a policy limit equal to the lesser of the current policy limit and 150% of premiums paid less any benefits received.

The premium rate tables reflecting these options will be filed upon request following a full or substantial approval.

7. State Policyholder Counts & Average Annual Premium

The table below summarizes the number of policies inforce that could be affected by the rate increase in your state and their annualized premiums, as well as the average annual premium per policy before and after the requested increase.

Counts and premiums are based on policies inforce as of 12/31/2021. Premium-paying policies as well as policies on claim are included, since although the premium for policies on claim is currently waived, they could be subject to the rate increase upon recovery. Paid-up policies and policies which have exercised the nonforfeiture benefit option are excluded.

Form	Number of Policies	2021 Annualized Premium*	2021 Average Annual Premium Before the rate increase*	2021 Average Annual Premium After the rate increase
LTC-MD-91	184	729,353	3,964	5,945
NH-MD-91	6	14,001	2,333	3,499
LTC-94 MD	577	2,481,898	4,301	6,451
LTC-94-MD 9/94	(incl. above)	(incl. above)	(incl. above)	(incl. above)
NH-94-MD	8	25,314	3,164	4,745

*Premiums reflect the rate increases approved in prior filing(s), including approvals where implementation is not yet complete

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8. State and Nationwide Distribution of Business as of December 31, 2021

The state-specific and nationwide distribution of business for policyholders impacted by the rate increase is shown below by inflation type, benefit period, and issue age. The breakdown of business by Premium Payment Option is also included to show the number of policyholders no longer paying premiums due to nonforfeiture election or paid-up status.

Inflation Type

State	GPO	Simple	Compound	Total
NW	57%	31%	12%	100%
MD	42%	41%	17%	100%
NW	6,987	3,846	1,418	12,251
MD	328	317	130	775

Benefit Period

State	1 yr	2 yr	3 yr	5 yr	Lifetime	Total
NW	0%	10%	29%	31%	30%	100%
MD	0%	21%	37%	25%	17%	100%
NW	1	1,186	3,583	3,837	3,644	12,251
MD	0	161	287	194	133	775

Issue Age

State	< 40	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
NW	0%	3%	8%	18%	25%	27%	15%	3%	0%	0%	100%
MD	0%	2%	6%	16%	27%	26%	19%	4%	0%	0%	100%
NW	20	361	937	2,205	3,111	3,363	1,869	357	27	1	12,251
MD	1	15	46	121	213	199	146	32	2	0	775

Premium Payment Option

State	Lifetime Pay	On Claim	NFO*	Total
NW	76%	15%	9%	100%
MD	73%	14%	14%	100%
NW	10,172	2,079	1,162	13,413
MD	653	122	121	896

*Policies not included in distributions by count shown above as they are not impacted by the rate increase.

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9. Benefit Description(s)

A brief policy description for each of the policy forms:

LTC-MD-91, LTC-94 MD, LTC-94-MD 9/94

Individually underwritten long-term care policies that provide comprehensive long-term care coverage for care received in a nursing home or assisted care living facility or covered services received in a community setting.

Provides reimbursement of 100% of covered long-term care expenses incurred after an elected elimination period is met, up to the nursing home or home health maximum daily amounts. There are separate pools for nursing home/assistance living facilities and home health care. The benefit eligibility is determined based on the insured's cognitive impairment or their requiring physical assistance to perform two out of five activities of daily living (ADLs) of dressing, eating, toileting, transferring, and maintaining continence.

Premiums are waived after the insured has received 90 days of benefits and will continue to be waived until the insured stops receiving such benefits or the policy limit is reached.

NH-MD-91, NH-94-MD

Individually underwritten long-term care policies that provide facility-only long-term care coverage for care received in a nursing home or assisted care living facility.

Provides reimbursement of 100% of covered long-term care expenses incurred after an elected elimination period is met, up to the maximum daily amounts. The benefit eligibility is determined based on the insured's cognitive impairment or their requiring physical assistance to perform two out of five activities of daily living (ADLs) of dressing, eating, toileting, transferring, and maintaining continence.

Premiums are waived after the insured has received 90 days of benefits and will continue to be waived until the insured stops receiving such benefits or the policy limit is reached.

10. Renewability

All policy forms are guaranteed renewable.

11. Applicability

This filing is applicable to in force policies only, as these policy forms are no longer being sold in the market. The premium changes will apply to the base forms as well as all applicable riders.

12. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

13. Marketing Method

This product was typically marketed through our traditional agency system and brokers involving a personal contact with each applicant.

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14. Underwriting

These policy forms were underwritten using a medical and risk questionnaire. We also utilized Attending Physician Statement and personal interviews depending on the age of the applicant and medical conditions.

15. Premium Classes

The base policy premium rates vary by issue age, benefit period, inflation option, home health care maximum benefit percentage, and underwriting class, as in the initial rate filing.

All premium factors related to the insured elected benefit design options or any eligible discount remain unchanged from the initial rate filing.

16. Premium Modalization Rules

Frequency	Multiple of Annual Premium	Plus flat amount
Semiannual	0.5120	\$0.60
Quarterly	0.2610	\$0.90
Premiumatic	0.0865	\$0.80

17. Issue Age Range

The issue age range is 18-84 for all policy forms.

18. Area Factors

Area factors are not applicable to any of the policy forms or riders.

19. Reserves

Active Life Reserves have not been used in this rate increase demonstration. Minimum Statutory Claim reserves as of 12/31/2021 have been discounted to the date of incurral of each respective claim and included in the historical incurred claims. Incurred But Not Reported claim reserves as of 12/31/2021 have also been allocated to the calendar year of incurral and included in historic incurred claims.

20. Ensuring No Cross-Subsidization Between States

We have ensured no state's rate increase approvals will subsidize other states' rate increases. Rate increases will vary by state, but only to reflect the timing and amount of prior rate increases approved by that state. This is accomplished by first backing-out all prior approved rate increases from our nationwide premium data. We then re-introduce actual prior rate increases with the amount and timing based on your state's prior approvals (as detailed in the section entitled **History of Previous Rate Revisions**). The current proposed rate increases are then determined based on the amounts needed in order to achieve our target lifetime loss ratios certified to in our prior filing.

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Although some states may have capped our previous inforce rate increase filings, in each case this was done with the understanding that the full amount of the proposed rate increases were justified and that John Hancock would be refile for the remainder at a later date. In instances where the remainder remains unapproved, it has been included in the current filings.

21. Past Losses Testing

Preventing companies from recouping past losses was the subject of a discussion by the NAIC in late 2013. The accepted methodology which was incorporated into the 2014 Long Term Care Model Regulation defines past losses as actual past claims less expected past claims when determining loss ratio compliance. Expected past claims are defined as the following:

“Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase [regardless of whether or not the rate increase is approved]. Expected claims are calculated for each calendar year based on the in-force at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing.”

We apply this methodology in demonstrating that we are not recouping past losses.

The ‘Adjusted Expected Incurred Claims’ are initially calculated by applying the original pricing durational loss ratio to the actual earned premium in a given calendar year. Later, in years in which and after which we filed for inforce rate increases, expected incurred claims are based on the new assumptions that were filed.

The accumulated value of the Adjusted Expected Incurred Claims is compared to the accumulated value of Actual Incurred Claims. The lesser of the Adjusted Expected Incurred Claims or Actual Incurred Claims is used for past claims when ensuring that the resulting overall increase in rates satisfies the rate stability rule ensuring a loss ratio no less than 85% (or the original pricing loss ratio if greater) on the rate increase portion, while applying 58% (or the original pricing loss ratio if greater) on the original rate schedule. This is demonstrated at the bottom of **Exhibit 1**. The derivation of Adjusted Expected Incurred Claims and comparison to Actual Incurred Claims can be seen in **Addendum #2 – Demonstration of not Recouping Past Losses**.

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22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long-term care insurance premiums and filing for increases in long-term care insurance premiums. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The preceding Actuarial Memorandum contains:

- a) the assumptions on which this certification is based;
- b) the adjustments to prior assumptions with an explanation of the reasons previous assumptions were not realized;
- c) a lifetime projection of the prior premium rate schedules and incurred claims plus future expected premiums and claims which demonstrates that the revised premium rate schedule meets the loss ratios standards and necessary details of this state; and
- d) disclosure of the manner, if any, in which reserves have been recognized.

If the requested premium rate schedule increase is implemented and the underlying assumptions are realized, no further premium rate schedule increases are anticipated.

I have reviewed and taken into consideration the policy design and coverage provided, and our current underwriting and claims adjudication processes.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Based on these assumptions or statutory requirements where necessary, the premium rate filing is in compliance with the loss ratio standards of this state.

The basis for contract reserves has been previously filed and there is no anticipation of any changes.



Katherine A Gillis
Katherine A Gillis, FSA, MAAA
Actuary, Long Term Care Inforce Management
John Hancock Life Insurance Company

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Addendum #1 - Assumptions and Analysis Performed

As part of the inforce management of the business, the Company monitored the performance of the business by completing periodic analysis for morbidity, voluntary lapse rates, and mortality. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. The most current studies show favorable trends overall for the Pre-Custom Care block of business since the study that prompted our 2019 rate increase filings.

Relative to previous expectations, the new data demonstrates lower claim incidence and higher than expected claim terminations beyond the early months on claim, partly offset by lower mortality for non-claimants and higher utilization of benefits.

[REDACTED]

A. Current & Prior Assumptions

Morbidity

[REDACTED]

Incidence

[REDACTED]

After updating assumptions to reflect the favorable experience, the overall A/E ratio is 93%.

Incidence (Count)		
Duration	A/E Before Assumption Update	A/E After Assumption Update
10-17	92%	93%
18-20	92%	94%
21+	89%	93%
Total	91%	93%

Claim Terminations

[REDACTED]

After the assumption update, the A/E is 102% for the first 5 months on claim and 103% overall.

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Terminations (Count)						
Benefit Period	All Months		Months 1-5		Months 6+	
	A/E Before Assumption Update	A/E After Assumption Update	A/E Before Assumption Update	A/E After Assumption Update	A/E Before Assumption Update	A/E After Assumption Update
<10 years	105%	103%	96%	101%	108%	103%
10+ years	102%	104%	93%	106%	105%	103%
Total	104%	103%	95%	102%	107%	103%

Utilization

[REDACTED]

After updating our assumption based on experience, the total A/E is 100%.

Utilization (Amount)		
Inflation Type	A/E Before Assumption Update	A/E After Assumption Update
None/GPO	100%	101%
Simple	102%	100%
Compound	104%	100%
Total	102%	100%

Voluntary Lapses

[REDACTED]

Actual to Expected ratios by amount for this block (John Hancock individual business) summarized by inflation and duration groups before and after the assumption update are shown below.

Lapse (Amount)						
Duration	No Inflation		With Inflation		Total	
	A/E Before Assumption Update	A/E After Assumption Update	A/E Before Assumption Update	A/E After Assumption Update	A/E Before Assumption Update	A/E After Assumption Update
1-5	120%	72%	91%	100%	91%	99%
6-10	104%	87%	105%	107%	105%	104%
11-15	88%	95%	96%	100%	95%	99%
16-20	125%	93%	128%	103%	128%	101%
21-25	126%	119%	127%	123%	127%	121%
26+	109%	100%	88%	92%	104%	98%
Total	107%	96%	105%	104%	105%	102%

The changes to the expected lapse assumption improved the fit across cohorts and resulted in a total A/E of 102%.

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Mortality

[REDACTED]

The below table shows the healthy life A/E ratios by amount before and after the assumption update for our Retail Individual business.

Mortality (Amount)		
Duration	A/E Before Assumption Update	A/E After Assumption Update
1-5	100%	105%
6-10	99%	99%
11-15	96%	99%
16-20	94%	102%
21-25	97%	101%
26+	76%	84%
Total	95%	100%

Expenses

[REDACTED]

Original Pricing Assumptions

[REDACTED]

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Addendum #2 – Demonstration of not Recouping Past Losses
Advantage (LTC-91, LTC-94, NH-91, NH-94)

	Calendar Year	Original Incurred Loss Ratio	Historic Data Earned Premium	Adjusted Expected Incurred Claims	Historic Data Incurred Claims
Original Pricing	1988	0%	386,537	-	-
	1989	0%	1,393,748	-	-
	1990	0%	3,120,740	-	-
	1991	8%	6,127,268	469,315	-
	1992	8%	16,441,665	1,287,955	102,145
	1993	12%	29,490,996	3,552,536	2,118,406
	1994	17%	41,411,238	7,070,561	3,991,483
	1995	20%	60,438,907	12,007,607	8,775,273
	1996	21%	92,284,969	18,977,899	13,838,954
	1997	25%	105,098,295	26,102,268	22,223,539
	1998	35%	100,365,114	34,643,638	29,186,884
	1999	44%	95,051,065	41,463,989	30,790,430
	2000	52%	90,612,154	47,142,152	44,068,804
	2001	60%	86,645,410	51,628,200	41,635,306
	2002	67%	83,061,761	56,019,053	43,322,566
	2003	76%	79,337,218	60,637,647	57,433,966
	2004	87%	75,899,454	65,801,493	59,681,812
	2005	98%	72,395,558	71,203,133	65,848,368
	2006	111%	68,614,437	76,405,166	75,204,166
2007	126%	64,719,011	81,484,551	96,221,404	
2008 Assumptions	2008			69,427,462	95,255,109
	2009			67,709,923	85,969,096
2010 Assumptions	2010			106,796,820	105,080,824
	2011			105,673,345	98,127,324
	2012			105,665,875	96,827,212
2013 Assumptions	2013			100,505,345	93,959,071
	2014			101,725,376	104,800,821
	2015			98,608,766	103,271,209
2016 Assumptions	2016			106,012,398	102,685,003
	2017			103,267,852	99,773,975
	2018			99,889,766	107,470,080
2019 Assumptions	2019			104,941,218	99,756,944
	2020			98,513,143	74,331,121
	2021			93,091,559	88,304,853
Values as of 12/31/2021 (discounted at maximum statutory valuation rates)					
	Past :			3,558,964,463	> 3,380,212,444

Minimum (Accum Value of Past Incurred Claims,
Accum Value of Adjusted Expected Incurred Claims) = 3,380,212,444

The lesser of actual and expected past claims, \$3,380,212,444, is used in demonstrating compliance with the minimum loss ratio in Exhibit 1