

SERFF Tracking Number: MGCA-125547568 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 38451
 Company Tracking Number: MW-25907-IP AR (AR) 200803 MEGA
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: MW-25907 - Personal Choice PPO
 Project Name/Number: /

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-25907 - Personal Choice PPO SERFF Tr Num: MGCA-125547568 State: ArkansasLH

TOI: H16I Individual Health - Major Medical
 Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Filing Type: Rate

SERFF Status: Closed

State Tr Num: 38451

Co Tr Num: MW-25907-IP AR (AR) 200803 MEGA State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Opal Autry, Jackie Horstmann, Sergei Mordovine, Aliya Panjwani, Yan

Disposition Date: 05/06/2008

Yuan, Virgil Meier, Eliseo

Rodriguez, Charles Schneeberger

Date Submitted: 03/18/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 14%

Group Market Type:

Filing Status Changed: 05/06/2008

Deemer Date:

State Status Changed: 05/06/2008

Corresponding Filing Tracking Number:

SERFF Tracking Number: MGCA-125547568 State: Arkansas
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Filing Description:

We are requesting a rate increase of 14% nationwide while CA will receive a 16% increase for plan codes ANAP39B, LNAP26B, and LNAP38B. All other plan codes will not receive an increase.

Company and Contact

Filing Contact Information

Jackie Horstmann, jackie.horstmann@healthmarkets.com
 Healthmarkets (817) 255-5377 [Phone]
 North Richland Hills, TX 76180 (817) 255-8274[FAX]

Filing Company Information

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas
 9151 Boulevard 26 Group Code: 264 Company Type:
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 62-0724538

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/06/2008	05/06/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/02/2008	05/02/2008	Eliseo Rodriguez	05/06/2008	05/06/2008
Pending Industry Response	Rosalind Minor	04/09/2008	04/09/2008	Eliseo Rodriguez	05/02/2008	05/02/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Health - Actuarial Justification	Supporting Document	Sergei Mordovine	04/08/2008	04/08/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Sergei Mordovine	03/25/2008	03/25/2008

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Filing fee

Note To Filer

Rosalind Minor 03/19/2008 03/19/2008

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Project Name/Number: /

Disposition

Disposition Date: 05/06/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 14% level rate increase on the above policy form. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Rate data does NOT apply to filing.

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 Product Name: MW-25907 - Personal Choice PPO
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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Withdrawn	No
Supporting Document (revised)	Supporting Documentation	Approved-Closed	No
Supporting Document	Supporting Documentation	Withdrawn	No
Rate	Personal Choice PPO	Approved-Closed	No

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Product Name: MW-25907 - Personal Choice PPO
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/02/2008
Submitted Date 05/02/2008

Respond By Date

Dear Jackie Horstmann,

This will acknowledge receipt of the captioned filing.

Objection 1

- Supporting Documentation (Supporting Document)

Comment: With respect to the experience which you submitted for Arkansas and Nationwide, it is requested that you submit the experience on a calendar year basis. We appreciate your continued cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/06/2008
Submitted Date 05/06/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: We have attached revised Arkansas and Nationwide experience exhibits. This form started its experience in 2006, so it is broken up on a calendar year basis.

Related Objection 1

Applies To:

- Supporting Documentation (Supporting Document)

SERFF Tracking Number: MGCA-125547568 State: Arkansas
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Product Name: MW-25907 - Personal Choice PPO
Project Name/Number: /

Comment:

With respect to the experience which you submitted for Arkansas and Nationwide, it is requested that you submit the experience on a calendar year basis. We appreciate your continued cooperation in this matter.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Supporting Documentation

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Aliya Panjwani, Charles Schneeberger, EDS EDSSupport, Eliseo Rodriguez, Jackie Horstmann, Opal Autry, Sergei Mordovine, Virgil Meier, Yan Yuan

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Product Name: MW-25907 - Personal Choice PPO
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/09/2008
Submitted Date 04/09/2008
Respond By Date
Dear Jackie Horstmann,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: I am reviewing your request for a rate increase on Form MW-25907. Listed below are my comments:

1. As required by our Bulletin 4-79, Individual Accident & Health Insurance Rate Filings, please provide a statement of the history of the rates, a statement of the approximate number of persons in Arkansas affected by the increase, and a description of the latest three calendar years experience on an earned premium to incurred claim basis for the policy. I need the nationwide and Arkansas experience.
2. Our records indicate that the last rate increase that was approved on this form was on September 6, 2007. As outlined in the letter that accompanied the rate approval, it was stated that the approval was subject to the following conditions: 1. Rate increases will not be given prior to the first annual anniversary date of any policy; 2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period; and 3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.
3. If this rate increase request is justified by its actual experience, you could not implement the rates until 12 months after the last rate increase was implemented.

We appreciate your understanding and cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

SERFF Tracking Number: MGCA-125547568 State: Arkansas
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Product Name: MW-25907 - Personal Choice PPO
Project Name/Number: /
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/02/2008
Submitted Date 05/02/2008

Dear Rosalind Minor,

Comments:

The items that you are requesting are in the Supporting Documentation tab, under the Supporting Documentation Schedule Item.

We agree that we would not implement these rates until 12 months after the last rate increase was implemented.

Response 1

Comments: The items that you are requesting are in the Supporting Documentation tab, under the Supporting Documentation Schedule Item.

We agree that we would not implement these rates until 12 months after the last rate increase was implemented.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

I am reviewing your request for a rate increase on Form MW-25907. Listed below are my comments:

1. As required by our Bulletin 4-79, Individual Accident & Health Insurance Rate Filings, please provide a statement of the history of the rates, a statement of the approximate number of persons in Arkansas affected by the increase, and a description of the latest three calendar years experience on an earned premium to incurred claim basis for the policy. I need the nationwide and Arkansas experience.
2. Our records indicate that the last rate increase that was approved on this form was on September 6, 2007. As outlined in the letter that accompanied the rate approval, it was stated that the approval was subject to the following conditions: 1. Rate increases will not be given prior to the first annual anniversary date of any policy; 2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a

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Project Name/Number: /

twelve (12) month period; and 3. All increases in rates, other than a change in age or an individual moving to another geographical area, jmust be submitted to our Department for approval.

3. If this rate increase request is justified by its actual experience, you could not implement the rates until 12 months after the last rate increase was implemented.

We appreciate your understanding and cooperation in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Let us know if you have any other questions.

Sincerely,

Aliya Panjwani, Charles Schneeberger, EDS EDSSupport, Eliseo Rodriguez, Jackie Horstmann, Opal Autry, Sergei Mordovine, Virgil Meier, Yan Yuan

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Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 04/08/2008

Comments:

Dear Rosalind Minor,

We are amending this filing in order to add the new business effective date.
We are attaching a new Actuarial Memo page to support our amendment.

Sorry for any inconvenience.

Thank you for your time.

Sergei Mordovine

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

New_AR MW-25907 ActMemo.pdf

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Project Name/Number: /

Note To Filer

Created By:

Rosalind Minor on 03/19/2008 01:27 PM

Subject:

Filing fee

Comments:

As outlined under our Rule 57, a filing fee in the amount of \$50.00 is required.

The submission will not be reviewed until the filing fee is receive.

Thank you.

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Personal Choice PPO	MW-25907	New		AR MW-25907 and TX New Rating Structure Filing Rates.pdf

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Supporting Document Schedules

Satisfied -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 05/06/2008
Comments:
Attachment:
New_AR MW-25907 ActMemo.pdf

Satisfied -Name: Supporting Documentation **Review Status:** Approved-Closed 05/06/2008
Comments:
Attachments:
AR MW-25907 Cert.pdf
AR MW-25907 Cover.pdf
AR MW-25907 Rate History.pdf
MW-25907 AR Experience_Revised.pdf
MW-25907 Nationwide Experience_Revised.pdf

Certification of Compliance with
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-66087
Form Number(s): MW-25907-IP AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

John Ames, FSA, MAAA
Name

3/17/2008
Date



**Mid-West National
Life Insurance
Company of Tennessee**
Home Office: Oklahoma City, OK

9151 Boulevard 26
N Richland Hills, TX 76182
www.midwestlife.com
Phone: 800.729.2302
Fax: 817.255.8274

3/7/2008

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

**RE: Mid-West National Life Insurance Company of Tennessee
Individual Rate Filing for:
Preferred Provider Organization Policy
MW-25907-IP AR
Company NAIC # 264-66087
Company FEIN # 62-0724538**

Dear Ms. Minor,

The above referenced product requires a rate change. Enclosed please find an actuarial memorandum and exhibits in support of the modification. This rate filing is being made in the states of AR, CO, DE, GA, ID, IN, KS, KY, LA, MS, NM, OR, TX, UT, WV. Our state of domicile is Texas and a rate filing is pending there as well.

We appreciate your review of our rate filing. If acceptable, please return the duplicate stamped copy of this filing in the enclosed envelope. If you have any questions, please contact me at the following number or email address.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sergei Mordovine', with a long horizontal flourish extending to the right.

Sergei Mordovine
Actuarial Analyst
(800) 729-2302 x3509
Fax: (817) 255-8274
NRHAct-Comp@HealthMarkets.com

Enclosures

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Health - Actuarial Justification	03/14/2008	AR MW-25907 ActMemo.pdf
No original date	Supporting Document	Supporting Documentation	03/18/2008	AR MW-25907 Cert.pdf AR MW-25907 Cover.pdf AR MW-25907 Rate History.pdf MW-25907 AR Experience.pdf MW-25907 Nationwide Experience.pdf

Certification of Compliance with
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-66087
Form Number(s): MW-25907-IP AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

John Ames, FSA, MAAA
Name

3/17/2008
Date



**Mid-West National
Life Insurance
Company of Tennessee**
Home Office: Oklahoma City, OK

9151 Boulevard 26
N Richland Hills, TX 76182
www.midwestlife.com
Phone: 800.729.2302
Fax: 817.255.8274

3/7/2008

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

**RE: Mid-West National Life Insurance Company of Tennessee
Individual Rate Filing for:
Preferred Provider Organization Policy
MW-25907-IP AR
Company NAIC # 264-66087
Company FEIN # 62-0724538**

Dear Ms. Minor,

The above referenced product requires a rate change. Enclosed please find an actuarial memorandum and exhibits in support of the modification. This rate filing is being made in the states of AR, CO, DE, GA, ID, IN, KS, KY, LA, MS, NM, OR, TX, UT, WV. Our state of domicile is Texas and a rate filing is pending there as well.

We appreciate your review of our rate filing. If acceptable, please return the duplicate stamped copy of this filing in the enclosed envelope. If you have any questions, please contact me at the following number or email address.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sergei Mordovine', with a long horizontal flourish extending to the right.

Sergei Mordovine
Actuarial Analyst
(800) 729-2302 x3509
Fax: (817) 255-8274
NRHAct-Comp@HealthMarkets.com

Enclosures