

SERFF Tracking Number: MGCA-126033665 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 41543
 Company Tracking Number: MW-26025-IP AR 200903 AR MIDWEST 13769
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Product Name: MW-26025-IP AR - Care One Value
 Project Name/Number: /

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-26025-IP AR - Care One Value SERFF Tr Num: MGCA-126033665 State: ArkansasLH

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense	SERFF Status: Closed	State Tr Num: 41543
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense	Co Tr Num: MW-26025-IP AR 200903 AR MIDWEST 13769	State Status: Disapproved-Closed
Filing Type: Rate	Co Status: Authors: Tony Huang, Aliya Panjwani, Sean Casey, Eliseo Rodriguez, Kendall Daniels, Sergei Mordovine, Yan Yuan, Trent Bridges, David Beimesch, Charles Schneeberger, Joanna Gulling, EDS EDSSupport, Miranda Ross, Liz Hart	Reviewer(s): Rosalind Minor Disposition Date: 02/13/2009
Implementation Date Requested:	Date Submitted: 02/12/2009	Disposition Status: Disapproved Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Our state of domicile is Texas and does not require rate changes to be filed.
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:

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TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
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Filing Status Changed: 02/13/2009

Explanation for Other Group Market Type:

State Status Changed: 02/13/2009

Deemer Date:

Corresponding Filing Tracking Number:

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Filing Description:

This policy is designed to provide reimbursement for certain stated medical expenses. Benefits are provided for certain medical care expenses incurred while the policy is in force and are subject to the copayments, deductible, coinsurance percentages, maximum allowable charge, aggregate maximum amount, lifetime maximum amount, and coinsurance maximum amount as shown in the policy schedule.

Company and Contact

Filing Contact Information

Aliya Panjwani, aliya.panywani@healthmarkets.com
 Healthmarkets (817) 255-3884 [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? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mid-West National Life Insurance Company of Tennessee	\$0.00		

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
846085	\$50.00	02/09/2009

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	02/13/2009	02/13/2009

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Disposition

Disposition Date: 02/13/2009

Implementation Date:

Status: Disapproved

Comment: Our records indicate that we approved a rate increase on this block of business on 9/11/08. You probably did not implement that increase until at least 30 days after approval in order to give the policyholders proper notification.

In our comments accompanying the rate increase, we stated that the approval was subject to certain conditions. One of those conditions was: After the first annual anniversary date of any policy, increase will not be given more frequently than once in a twelve (12) month period.

Since it has not been 12 months since the implementation of the last increase, your request is being disapproved at this time.

If you should submit another rate increase on this block of business at a later date, please give me a description of the latest three calendar years experience on an earned premium to incurred claim basis for the policy as required by our Bulletin 4-79 (e). Also, it is requested that you do not file for another increase until you can also provide for at least six (6) months experience for 2009.

The filing fee is still needed for this filing.

Thank you for your understanding and cooperation in this matter.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Supporting Documents	Disapproved	No
Rate	MW-26025-IP AR Rate Page	Disapproved	No