

SERFF Tracking Number: MGCA-126197167 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 42713
 Company Tracking Number: MW-25884-IR AR 200907 AR MIDWEST 14431
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Product Name: MW-25884-IR AR -Pregnancy/Childbirth Benefit Rider
 Project Name/Number: /

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee
 Product Name: MW-25884-IR AR - Pregnancy/Childbirth Benefit Rider SERFF Tr Num: MGCA-126197167 State: ArkansasLH
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 42713
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense Co Tr Num: MW-25884-IR AR 200907 AR MIDWEST 14431 State Status: Disapproved-Closed
 Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor
 Authors: Sergei Mordovine, Yan Yuan, Trent Bridges, David Beimesch, Aliya Panjwani, Tony Huang, Sean Casey, Eliseo Rodriguez, Kendall Daniels, Charles Schneeberger, Chanel Orallo, Joanna Gulling, Sommay Khounlo, EDS EDSSupport, Liz Hart Disposition Date: 06/23/2009
 Date Submitted: 06/19/2009 Disposition Status: Disapproved
 Implementation Date Requested: 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:

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TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
Product Name: MW-25884-IR AR -Pregnancy/Childbirth Benefit Rider
Project Name/Number: /

Overall Rate Impact:

Filing Status Changed: 06/23/2009

Deemer Date:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/23/2009

Corresponding Filing Tracking Number:

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Filing Description:

This rider form will pay benefits for Covered Expenses incurred by an Insured Person, while this Rider is inforce, as a result of normal pregnancy and childbirth up to the maximum benefit selected, according to the rider 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	\$50.00	06/19/2009	28687790

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	06/23/2009	06/23/2009

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Disposition

Disposition Date: 06/23/2009

Implementation Date:

Status: Disapproved

Comment:

Our Bulletin 4-79, Individual Accident & Health Insurance Rate Filings, outlines the data which needs to be submitted on a rate filing.

Under (e), it is requested that you provide a description of the latest three calendar years experience on an earned premium to incurred claim basis for the policy or contract form.

The request is being disapproved since the rider does not have three complete years of experience. We will consider a request when you are able to provide our Department with three complete years of experience.

Rate data does NOT apply to filing.

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 Hospital/Surgical/Medical Expense Expense
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Supporting Documents		Yes
Rate	MW-25884-IR AR Rate Page		Yes

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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
	MW-25884-IR AR Rate Page	MW-25884-IR AR New			MW-25884-IR AR Rate Page.pdf

Mid-West National Life Insurance Company of Tennessee
Pregnancy/Childbirth Benefit Rider MW-25884-IR AR

For annual, semi-annual, or quarterly rates, multiply the appropriate monthly rate by 11, 6, or 3 respectively.

Formula = Round(Monthly Rate x Inflation, 0)

Plan Codes	
ABAB36U	

<u>Benefit Maximum</u>	<u>Monthly Rate</u>
\$1,000	\$32
\$2,000	\$64
\$3,000	\$96
\$4,000	\$128
\$5,000	\$160
\$6,000	\$192

Inflation	1.35000000
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Plan Codes	
ABAP20U	

<u>Benefit Maximum</u>	<u>Monthly Rate</u>
\$2,000	\$250

Inflation	1.35000000
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Supporting Document Schedules

Review Status:

Satisfied -Name: Supporting Documents

06/19/2009

Comments:

Attachments:

MW-25884 Arkansas Experience.pdf
MW-25884 Nationwide Experience.pdf
MW-25884-IR AR Certification.pdf
MW-25884-IR AR Cover Letter.pdf
MW-25884-IR AR Rate History.pdf

MidWest National Life Insurance Company of Tennessee

Arkansas Experience

Pregnancy/Childbirth Benefit Rider MW-25884

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2007	2,106	308	14.6%
2008	3,156	162	5.1%
2009 YTD	258	25	9.8%
Total	5,520	496	9.0%

With Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	4,317	363	8.4%
Projection Period**	3,487	153	4.4%

Without Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	4,317	363	8.4%
Projection Period**	2,870	153	5.3%

* Experience Period: January 1, 2007 through August 31, 2008

** Projection includes the effect of prior increases and a trend factor of 8%.

Projection period: May 1, 2009 through April 30, 2010

MidWest National Life Insurance Company of Tennessee

Nationwide Experience

Pregnancy/Childbirth Benefit Rider MW-25884 and State Variants

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2007	725,983	475,301	65.5%
2008	480,708	346,978	72.2%
2009 YTD	34,063	26,102	76.6%
Total	1,240,754	848,382	68.4%

With Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	1,059,514	711,690	67.2%
Projection Period**	460,359	300,329	65.2%

Without Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	1,059,514	711,690	67.2%
Projection Period**	378,967	300,329	79.2%

* Experience Period: January 1, 2007 through August 31, 2008

** Projection includes the effect of prior increases and a trend factor of 8%.

Projection period: May 1, 2009 through April 30, 2010

Certification of Compliance with Arkansas Rule and Regulation 19

Insurer: NAIC # 264-66087
Form Number(s): MW-25884-IR 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

6/12/2009
Date



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

9151 Boulevard 26
N Richland Hills, TX 76180
www.midwestlife.com
Phone: 800.729.2302
Fax: 817.255.8274

6/8/2009

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:
Pregnancy/Childbirth Benefit Rider
MW-25884-IR 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 AL, AR, CO, DC, DE, GA, IN, KS, KY, LA, MS, NH, NM, and WV . Our state of domicile is Texas and does not require rate changes to be filed.

We appreciate your review of our rate filing. If you have any questions, please contact me at the following number or email address.

Sincerely,

A handwritten signature in blue ink that reads "Aliya Panjwani". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Aliya Panjwani
Actuarial Analyst
Phone: (800) 729-2302 x3884
Fax: (817) 255-8274
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

ARKANSAS RATE HISTORY
Pregnancy/Childbirth Benefit Rider
MW-25884-IR AR

Plan Codes: ABAB36U and ABAP20U	
Effective Date	Rate Increase/Decrease
No Rate History	