

SERFF Tracking Number: MGCA-126231562 State: Arkansas  
Filing Company: The Mega Life and Health Insurance Company - State Tracking Number: 42934  
ICA  
Company Tracking Number: H-A513 200908 AR MEGA 14529  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: H-A513 AR  
Project Name/Number: Major Medical/H-A513

## Filing at a Glance

Company: The Mega Life and Health Insurance Company - ICA

Product Name: H-A513 AR

SERFF Tr Num: MGCA-126231562 State: ArkansasLH

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed

State Tr Num: 42934

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: H-A513 200908 AR  
MEGA 14529

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei

Disposition Date: 07/29/2009

Mordovine, Aliya Panjwani, Yan

Yuan, Eliseo Rodriguez, Charles

Schneeberger, Joanna Gulling, Liz

Hart, Trent Bridges, Sean Casey,

David Beimesch, Tony Huang,

Kendall Daniels, Chanel Orallo,

Sommay Khounlo, Ashley Toner

Date Submitted: 07/16/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Major Medical

Status of Filing in Domicile: Not Filed

Project Number: H-A513

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: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/29/2009

Explanation for Other Group Market Type:

State Status Changed: 07/29/2009



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 Project Name/Number: Major Medical/H-A513

**Filing Description:**

We are requesting a rate increase of 25% on the Major Medical product. This increase is to account for trend and nationwide experience

This rate change will not vary by gender or age. This rate increase will be effective on or after 8/1/2009 or upon approval. All

certificateholders with the same rating class and characteristics listed above will receive the same rate change.

**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**

The Mega Life and Health Insurance Company CoCode: 97055 State of Domicile: Oklahoma  
 - ICA  
 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: 59-2213662  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Mega Life and Health Insurance Company - ICA	\$50.00	07/16/2009	29251368

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2009	07/29/2009

### 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	07/27/2009	07/27/2009	Sean Casey	07/28/2009	07/29/2009
Pending Industry Response	Rosalind Minor	07/21/2009	07/21/2009	Ashley Toner	07/24/2009	07/24/2009

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Rate History	Supporting Document	Ashley Toner	07/24/2009	07/24/2009

SERFF Tracking Number: MGCA-126231562 State: Arkansas  
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## Disposition

Disposition Date: 07/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 10% level rate increase on this submission. 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 a 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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 Project Name/Number: Major Medical/H-A513

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	NW Experience	Approved-Closed	No
Supporting Document	AR Experience	Approved-Closed	No
Supporting Document	Certification of Compliance	Approved-Closed	Yes
Supporting Document	Rate History	Approved-Closed	No
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Health - Actuarial Justification	Replaced	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/27/2009  
Submitted Date 07/27/2009  
Respond By Date

Dear Aliya Panjwani,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Based on the fact that the Arkansas experience is not credible, our Department will consider a 10% rate increase in lieu of the 25%.

If you wish to accept the 10% increase, please provide an amended actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/28/2009  
Submitted Date 07/29/2009

Dear Rosalind Minor,

**Comments:**

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Project Name/Number: Major Medical/H-A513

## Response 1

Comments: Thank you for your review of this filing. We would like to accept the 10% rate increase.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Based on the fact that the Arkansas experience is not credible, our Department will consider a 10% rate increase in lieu of the 25%.

If you wish to accept the 10% increase, please provide an amended actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Aliya Panjwani, Ashley Toner, Chanel Orallo, Charles Schneeberger, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Joanna Gulling, Kendall Daniels, Liz Hart, Sean Casey, Sergei Mordovine, Sommay Khounlo, Tony Huang, Trent Bridges, Yan Yuan

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/21/2009  
Submitted Date 07/21/2009

Respond By Date

Dear Aliya Panjwani,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

As outlined under our Bulletin 4-79 (b) and (c), please provide our Department with a statement of the history of the rates on this block of business and the number of persons in Arkansas affected by the proposed rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/24/2009  
Submitted Date 07/24/2009

Dear Rosalind Minor,

**Comments:**

### Response 1

Comments: The Actuarial Memorandum has been updated to include a statement of the number of persons in Arkansas affected by the proposed rates.

**Related Objection 1**

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Project Name/Number: Major Medical/H-A513

**Applies To:**

- Health - Actuarial Justification (Supporting Document)

**Comment:**

As outlined under our Bulletin 4-79 (b) and (c), please provide our Department with a statement of the history of the rates on this block of business and the number of persons in Arkansas affected by the proposed rates.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Health - Actuarial Justification

**Comment:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your review of our filing.

Sincerely,

Aliya Panjwani, Ashley Toner, Chanel Orallo, Charles Schneeberger, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Joanna Gulling, Kendall Daniels, Liz Hart, Sean Casey, Sergei Mordovine, Sommay Khounlo, Tony Huang, Trent Bridges, Yan Yuan

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**Amendment Letter**

Amendment Date:

Submitted Date: 07/24/2009

**Comments:**

A Rate History has been added to the supporting documents. Thank you.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Rate History**

Comment:

H-A513 (AR) Rate History.pdf



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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Approved-Closed 07/29/2009  
**Comments:**  
**Attachment:**  
H-A513 (AR) Cover Letter.pdf

**Satisfied -Name:** Certification of Compliance **Review Status:** Approved-Closed 07/29/2009  
**Comments:**  
**Attachment:**  
H-A513 (AR) Certification of Compliance.pdf



**The MEGA Life and Health  
Insurance Company**  
Home Office: Oklahoma City, OK

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

7/9/2009

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

**RE: The MEGA Life and Health Insurance Company  
Individual Rate Filing for:  
Major Medical  
H-A513  
Company NAIC # 264-97055  
Company FEIN # 59-2213662**

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, LA, MS, NM, TX and UT. Our state of domicile is Oklahoma and does not require rate changes to be filed; therefore, no such rate filing has been made in that state.

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

Sincerely,

Eliseo Rodriguez  
Actuarial Analyst  
Phone: (800) 729-2302 x6717  
Fax: (817) 255-8274  
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

H-A513 200908 AR MEGA 14529

## Certification of Compliance with Arkansas Rule and Regulation 19

Insurer: NAIC # 264-97055  
Form Number(s): H-A513

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

7/8/2009  
Date