

SERFF Tracking Number: MGCA-126231939 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 42944
 Company Tracking Number: MW-25907-IP AR 200909 AR MIDWEST 14528
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Product Name: MW-25907-IP AR -PPO 2001 REDESIGN
 Project Name/Number: PPO 2001 REDESIGN/

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-25907-IP AR -PPO 2001 REDESIGN SERFF Tr Num: MGCA-126231939 State: ArkansasLH

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense	SERFF Status: Closed	State Tr Num: 42944
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense	Co Tr Num: MW-25907-IP AR 200909 AR MIDWEST 14528	State Status: Approved-Closed
Filing Type: Rate	Co Status: Authors: EDS EDSSupport, Sergei 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	Reviewer(s): Rosalind Minor Disposition Date: 07/24/2009
	Date Submitted: 07/16/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: PPO 2001 REDESIGN
 Project Number:
 Requested Filing Mode:

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: Our state of domicile is Texas and does not require rate changes to be filed.
 Market Type: Individual
 Group Market Size:

Explanation for Combination/Other:
 Submission Type: New Submission

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Overall Rate Impact:

Filing Status Changed: 07/24/2009

Deemer Date:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/24/2009

Corresponding Filing Tracking Number:

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Filing Description:

We are requesting a rate increase of 10.5% on the PPO 2001 Redesign 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 9/1/2009 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

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	07/16/2009	29251451

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2009	07/24/2009

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	07/23/2009	07/23/2009	Ashley Toner	07/24/2009	07/24/2009

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Disposition

Disposition Date: 07/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 10.5% 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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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Rate History	Approved-Closed	No
Supporting Document	AR Experience	Approved-Closed	No
Supporting Document	NW Experience	Approved-Closed	No
Supporting Document	Certification of Compliance	Approved-Closed	Yes
Rate	Rate Page	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/23/2009
Submitted Date 07/23/2009

Respond By Date

Dear Aliya Panjwani,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Before final review is given to this submission, please advise as to how many policyholders there are in Arkansas.

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

Applies To:

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- Health - Actuarial Justification (Supporting Document)
Comment:

Before final review is given to this submission, please advise as to how many policyholders there are in Arkansas.

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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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved- Closed	Rate Page		Revised	Previous State Filing Number: Percent Rate Change Request: (AR) Rate	MW-25907-IP Page.pdf

Mid-West National Life Insurance Company of Tennessee
Preferred Provider Organization Form MW-25907-IP AR
 Plan Code ANAP39B

Final Calculated Premium
 Round(Base Rate * Inflation Factor * Deductible Factor * Age/Sex Factor * Tobacco Use * Marital Status * Area Factor * AE Factor , 2) + Network Access Fee
 A one time policy fee of \$50.00 will be charged at the time of application.
 Multiply the Monthly EFT Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.
 For monthly direct bill rates, add \$9 to the final calculated premium.

Age / Sex Factors			
Low Age	Dependent Child	Female	Male
0		0.498	0.592
1		0.498	0.592
2		0.457	0.592
3		0.415	0.592
13		0.415	0.592
14		0.436	0.592
15		0.457	0.592
16		0.461	0.562
17		0.465	0.562
18		0.477	0.562
19		0.498	0.562
20		0.519	0.562
21		0.519	0.562
22		0.519	0.562
23		0.519	0.562
24		0.519	0.562
25		0.519	0.562
26		0.519	0.568
27		0.519	0.578
28		0.519	0.592
29		0.519	0.604
30		0.519	0.614
31		0.519	0.639
32		0.519	0.670
33		0.519	0.698
34		0.519	0.725
35		0.519	0.757
36		0.519	0.785
37		0.519	0.811
38		0.519	0.844
39		0.519	0.881
40		0.519	0.927
41		0.519	0.985
42		0.519	1.040
43		0.519	1.100
44		0.519	1.170
45		0.519	1.244
46		0.519	1.322
47		0.519	1.397
48		0.519	1.472
49		0.519	1.544
50		0.519	1.634
51		0.519	1.739
52		0.519	1.859
53		0.519	1.979
54		0.519	2.104
55		0.519	2.294
56		0.519	2.478
57		0.519	2.647
58		0.519	2.826
59		0.519	3.013
60		0.519	3.208
61		0.519	3.385
62		0.519	3.542
63	-	3.231	3.688
64 - 99	-	3.329	3.817

Base Rate \$150.43
 Inflation Factor 1.544455185

*Tobacco User Factors	
Tobacco User	1.300
Non-Tobacco User	1.000

*Adults only

*Marital Status Factors	
Single	1.000
Married	0.900

*Marital discount only applies if both primary and spouse are insured.

AE Factors	
Male	1.120
Female	1.120
Child	1.120

Deductible Factors	
\$1,000	1.000
\$1,500	0.890
\$2,500	0.680
\$5,000	0.580
\$7,500	0.500
\$10,000	0.430

Coinsurance Factors	
80% / \$2500 Max	1.000

3-Digit Zip	Area Factor
716	0.907
717	0.907
718	0.907
719	1.000
720	1.000
721	1.000
722	1.000
723	1.103
724	0.952
725	1.000
726	0.907
727	0.952
728	0.952
729	0.952
All Others	1.103

Expected PPO Network Fee is approximately \$2-\$20.
 This is a mandatory monthly fee per policy/certificate.
 Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates. This adjustment may also apply to any rider(s) attached.

The default network will have a factor of 1.0 and other alternative networks will have a factor between 0.75 and 1.25 depending on their discount and penetration compared to the default network.

Note: 64+ rate only applies where a Medicare Rate is required

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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 07/24/2009
Comments:
Attachment:
MW-25907-IP (AR) Cover Letter.pdf

Satisfied -Name: Certification of Compliance **Review Status:** Approved-Closed 07/24/2009
Comments:
Attachment:
MW-25907-IP (AR) Certification of Compliance.pdf



**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

7/8/2009

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:
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, IL, IN, KS, KY, LA, TX, UT & 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 black ink, appearing to read 'E. Rodriguez'.

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

Enclosures

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

7/8/2009
Date