

SERFF Tracking Number: MGCA-126244981 State: Arkansas
Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 43078
Company Tracking Number: MW-25910-IR 200910 AR MIDWEST 14624
TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: MW-25910-IR - Outpatient Radiation and Chemotherapy Rider
Project Name/Number: /

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-25910-IR - Outpatient Radiation and Chemotherapy Rider SERFF Tr Num: MGCA-126244981 State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense

SERFF Status: Closed-Approved- Closed State Tr Num: 43078

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense

Co Tr Num: MW-25910-IR 200910 AR MIDWEST 14624 State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Mordovine, Aliya Panjwani, Yan

Yuan, Eliseo Rodriguez, Charles

Schneeberger, Joanna Gulling, Liz

Hart, Sean Casey, David Beimesch,

Tony Huang, Kendall Daniels,

Chanel Orallo, Sommay Khounlo,

Ashley Toner

Date Submitted: 07/30/2009

Disposition Status: Approved-Closed

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: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/25/2009

Explanation for Other Group Market Type:

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State Status Changed: 08/25/2009

Deemer Date: Created By: David Beimesch
 Submitted By: David Beimesch Corresponding Filing Tracking Number:

Filing Description:
 This rider form will pay benefits for Covered Expenses incurred by an Insured Person, while this Rider is in force, for Chemotherapy and Radiation Therapy. Benefits are paid under this rider on the same basis as any Illness covered under the base policy.

Company and Contact

Filing Contact Information

Aliya Panjwani, nrhact-comp@healthmarkets.com
 Healthmarkets 817-255-3884 [Phone]
 9151 Boulevard 26 817-255-8274 [FAX]
 North Richland Hills, TX 76180

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	07/30/2009	29532221

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/25/2009	08/25/2009

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	08/06/2009	08/06/2009	David Beimesch	08/21/2009	08/21/2009

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Disposition

Disposition Date: 08/25/2009

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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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Supporting Documents	Approved-Closed	No
Rate (revised)	MW-25910-IR Rate Page	Approved-Closed	Yes
Rate	MW-25910-IR Rate Page	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/06/2009
Submitted Date 08/06/2009
Respond By Date
Dear Aliya Panjwani,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

We have reviewed your request for a 20% rate increase on the Outpatient Radiation and Chemotherapy Rider.

Since the experience for Arkansas is not credible, we will consider no more than a 10% increase on this rider.

If you wish to accept the 10%, please submit a revised 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 08/21/2009
Submitted Date 08/21/2009

Dear Rosalind Minor,

Comments:

Thank you for your review of this filing.

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Response 1

Comments: We have included an updated actuarial memorandum and adjusted rates to reflect the 10% increase.

Related Objection 1

Applies To:
 - Health - Actuarial Justification (Supporting Document)

Comment:

We have reviewed your request for a 20% rate increase on the Outpatient Radiation and Chemotherapy Rider.

Since the experience for Arkansas is not credible, we will consider no more than a 10% increase on this rider.

If you wish to accept the 10%, please submit a revised 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.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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MW-25910-IR	MW-25910-IR	New	Previous State Filing Number	
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Rate Page

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Previous Version

MW-25910-IR	MW-25910-IR	New	Previous State Filing Number	
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Rate Page

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Thank you.

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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, Yan Yuan

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 08/25/2009	MW-25910-IR Rate Page	MW-25910-IR	New		MW-25910-IR Rate Page.pdf

Mid-West National Life Insurance Company of Tennessee Outpatient Chemotherapy and Radiation Therapy Rider MW-25910-IR

Formula: Round(Monthly Base Rate * Inflation Factor * Tobacco Use Factor,0)

Multiply the Monthly Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the above calculated rates.

Plan Codes
AEAB33C and AEAB36C

Age	Base Rate
Child	\$2.00
0-39	\$5.00
40-49	\$8.00
50-64	\$11.00

Inflation Factor: 1.696879800
 Tobacco User 1.17
 Non-tobacco Use 1.00

Plan Codes
AEAB41C and AEAP39C

Age	Base Rate
Child	\$2.06
0-39	\$5.16
40-49	\$8.25
50-64	\$11.35

Inflation Factor: 1.320000000
 Tobacco User 1.30
 Non-tobacco Use 1.00

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Supporting Documents	Approved-Closed	08/25/2009
Comments:		
Attachments:		
MW-25910 Arkansas Experience.pdf		
MW-25910 Nationwide Experience.pdf		
MW-25910-IR Certification.pdf		
MW-25910-IR Cover Letter.pdf		
MW-25910-IR Rate History.pdf		

Arkansas Experience
 Outpatient Chemotherapy and Radiation Therapy Rider MW-25910

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2006	47,612	28,641	60.2%
2007	40,920	8,866	21.7%
2008	28,410	1,889	6.6%
2009 YTD	12,651	3,034	24.0%
Total	129,593	42,431	32.7%

With Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	27,871	1,633	5.9%
Projection Period**	21,837	4,918	22.5%

Without Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	27,871	1,633	5.9%
Projection Period**	18,737	4,918	26.2%

2009 YTD Includes Date through 6/30/2009

* Experience Period: February 1, 2008 through January 31, 2009

** Projection includes the effect of prior increases and a trend factor of 12%.

Projection period: October 1, 2009 through September 30, 2010

Nationwide Experience
Outpatient Chemotherapy and Radiation Therapy Rider MW-25910 and State Variants

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2006	13,559,447	7,735,835	57.1%
2007	11,770,884	9,621,609	81.7%
2008	8,978,135	6,222,749	69.3%
2009 YTD	3,935,855	2,734,910	69.5%
Total	38,244,321	26,315,103	68.8%

With Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	8,831,281	6,113,541	69.2%
Projection Period**	7,051,686	4,850,004	68.8%

Without Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	8,831,281	6,113,541	69.2%
Projection Period**	6,050,765	4,850,004	80.2%

2009 YTD Includes Date through 6/30/2009

* Experience Period: February 1, 2008 through January 31, 2009

** Projection includes the effect of prior increases and a trend factor of 12%.

Projection period: October 1, 2009 through September 30, 2010

Certification of Compliance with Arkansas Rule and Regulation 19

Insurer: NAIC # 264-66087
Form Number(s): MW-25910-IR

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

7/30/2009
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

7/29/2009

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:
Outpatient Chemotherapy Rider
MW-25910-IR
Company NAIC # 264-66087
Company FEIN # 62-0724538
SERFF Tracking # MGCA-126244981**

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 filing is a resubmission of the previous filing SERFF # MGCA-126197183. We included experience with 6 months of data from 2009 in response to the request for updated experience.

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'.

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

Enclosures

ARKANSAS RATE HISTORY

Outpatient Chemotherapy and Radiation Therapy Rider MW-25910-IR

Plan Codes: AEAP39C and AEAB41C	
Effective Date	Rate Increase/Decrease
10/1/2008	20.00%

Plan Codes: AEAB36B and AEAB33C	
Effective Date	Rate Increase/Decrease
7/1/2002	10.00%
5/1/2006	10.25%
10/1/2008	20.00%

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Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/30/2009	Rate and Rule	MW-25910-IR Rate Page	08/21/2009	MW-25910-IR Rate Page.pdf (Superseded)

Mid-West National Life Insurance Company of Tennessee Outpatient Chemotherapy and Radiation Therapy Rider MW-25910-IR

Formula: Round(Monthly Base Rate * Inflation Factor * Tobacco Use Factor,0)

Multiply the Monthly Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the above calculated rates.

Plan Codes
AEAB33C and AEAB36C

Age	Base Rate
Child	\$2.00
0-39	\$5.00
40-49	\$8.00
50-64	\$11.00

Inflation Factor: 1.851141600
 Tobacco User 1.17
 Non-tobacco Use 1.00

Plan Codes
AEAB41C and AEAP39C

Age	Base Rate
Child	\$2.06
0-39	\$5.16
40-49	\$8.25
50-64	\$11.35

Inflation Factor: 1.440000000
 Tobacco User 1.30
 Non-tobacco Use 1.00