

SERFF Tracking Number: MGCC-126747611 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 46366
 Company Tracking Number: HCR END 2010 - GF IM [MIDWEST]
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
 Product Name: HCR END 2010 - GF IM
 Project Name/Number: HCR END 2010 - GF IM/

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: HCR END 2010 - GF IM SERFF Tr Num: MGCC-126747611 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 46366

Sub-TOI: H16I.005C Individual - Other Co Tr Num: HCR END 2010 - GF IM [MIDWEST] State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Kathleen Allen, Jaime Butler, Kim Perkins

Disposition Date: 08/02/2010

Date Submitted: 07/30/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: HCR END 2010 - GF IM

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 08/02/2010

Explanation for Other Group Market Type:

State Status Changed: 08/02/2010

Deemer Date:

Created By: Kathleen Allen

Submitted By: Kathleen Allen

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Please refer to our cover letter under the Supporting Documentation tab.

Company and Contact

Filing Contact Information

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Kathleen Allen, Senior Compliance Analyst kathleen.allen@healthmarkets.com
 9151 Boulevard 26 817-255-3590 [Phone]
 North Richland Hills, TX 76180 817-255-8153 [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: Health
 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: \$50.00 x 1 amendatory endorsement=\$50.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Mid-West National Life Insurance Company of Tennessee | \$50.00 | 07/30/2010 | 38418705 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 08/02/2010 | 08/02/2010 |

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Disposition

Disposition Date: 08/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | Yes |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | PPACA Uniform Compliance Summary | Approved-Closed | Yes |
| Supporting Document | Cover letter | Approved-Closed | Yes |
| Form | Patient Protection & Affordable Care Act of 2010 GRANDFATHERED Policy/Certificate Amendatory Endorsement | Approved-Closed | Yes |

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Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------------------------|---------------------------------|--------------------------------------|--|---------|----------------------|-------------|---------------------------------------|
| Approved- Closed 08/02/2010 | MW AE PPACA GF IM (07/10) | Certificate Amendmen t, Insert | Patient Protection & Affordable Care Act of 2010 GRANDFATHERED Endorseme Policy/Certificate nt or Rider Amendatory Endorsement | Initial | | | MW AE PPACA GF IM _0710_.pdf |

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 GRANDFATHERED POLICY/CERTIFICATE AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate and any attached Riders which are not inconsistent with this Amendatory Endorsement.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to Your Policy/Certificate as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

Effective [January 1, 2011], some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate and any attached Riders will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Policy/Certificate and any attached Riders, the provisions below shall apply only to the extent they are currently provided within Your Policy/Certificate and any attached Riders. In the event of a conflict between the provisions of any other section of Your Policy/Certificate and any attached Riders, and the provisions of this Amendatory Endorsement, the provisions of this Amendatory Endorsement shall prevail.

Definitions

- **"Essential Health Benefits"** means benefits, if any, covered under the Policy/Certificate and any attached Riders, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. Such Essential Health Benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.
- **"Patient Protection and Affordable Care Act of 2010"** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

Lifetime Dollar Limits on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and attached Riders as a Covered Expense/Service are no longer subject to lifetime dollar maximum(s). Accordingly, the **"Lifetime Maximum Amount"** and the **"Aggregate Maximum Amount"** and any references thereto are deleted in their entirety.

Visit Limitations on Essential Health Benefits

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and any attached Riders as a Covered Expense/Service and which are subject to visit limitations on a per Sickness or Injury basis, are amended by waiving such visit limitations. Daily dollar limits and visit limitations per specified period such as daily, quarterly or annually, if any, will continue to apply. Visit limitations will continue to apply to any Covered Expenses/Services that do not qualify as Essential Health Benefits.

Other dollar limitations such as Deductibles, Coinsurance, Copayment, Access Fees, Maximum Allowable Amounts, and Usual and Customary Fees, if any, will also continue to apply.

Rescissions

We may not void or terminate Your Policy/Certificate and any attached Riders based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of Your Policy/Certificate.

Extension of Coverage to Dependents

The definition of "**Eligible Dependent**" is amended to read as follows:

"**Eligible Dependent** means Your lawful spouse and Your natural and adopted children and step-children who are under 26 years of age (the Limiting Age)."

The provisions of this Amendatory Endorsement are not intended to expand Covered Expenses/Services currently provided within Your Policy/Certificate to include Essential Health benefits, but rather apply only to the extent such Essential Health Benefits are currently covered by Your Policy/Certificate and any attached riders.

The provisions of this Amendatory Endorsement are effective on [January 1, 2011].

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for Mid-West National Life Insurance Company of Tennessee at North Richland Hills, Texas.



SECRETARY



PRESIDENT

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Supporting Document Schedules

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Flesch Certification Comments: Please refer to attached. Attachments: MW Cert Compl Rule-Reg19 -AR.pdf MW Cert Compliance AR-Readability.pdf ARG 0104.pdf | Approved-Closed | 08/02/2010 |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Application Bypass Reason: Not applicable Comments: | Approved-Closed | 08/02/2010 |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Bypassed - Item: Health - Actuarial Justification Bypass Reason: Necessary rate filings; including, Actuarial Memoranda and Rate description pages, will be submitted under separate cover in the near future. Comments: | Approved-Closed | 08/02/2010 |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable. Comments: | Approved-Closed | 08/02/2010 |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| | | |

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Satisfied - Item: PPACA Uniform Compliance Summary Approved-Closed 08/02/2010

Comments:
 Please refer to attached.

Attachment:
 MW UNIFORM COMPLIANCE SUMMARY [TEMPLATE].pdf

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Cover letter | Approved-Closed | 08/02/2010 |
| Comments: Please refer to attached. | | |
| Attachment: MW LTR PPACA 07-10 [IM,GF,S&NS].pdf | | |

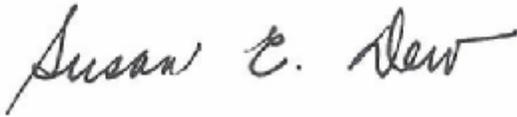
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Mid-West National Life Insurance Company of Tennessee

Form Number(s):

MW AE PPACA GF IM (07/10)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Susan Dew

Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

Title

July 30, 2010

Date

Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

Form Numbers and Form Names:

MW AE PPACA GF IM (07/10) - Patient Protection and Affordable Care Act of 2010 Grandfathered Policy/Certificate Amendatory Endorsement

Flesch Reading Score:

52.0



Susan Dew, Senior Vice President, Associate General Counsel and Chief Compliance Officer

July 30, 2010

Date

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract..

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

**The Arkansas Life and Health Insurance Guaranty Association
C/O The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and they hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies or contracts are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to suture assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits for net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.]

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

| Company Name | NAIC Number | SERFF Tracking Number(s) *if applicable | Form Number(s) of Policy being endorsed | Rate Impact |
|--------------|-------------|---|---|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

| TOI | Category | Statute Section | Grandfathered | Non-Grandfathered |
|-----|--|---|--|--|
| | Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 | <i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |
| | Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014. | <i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |
| | Eliminate Lifetime Dollar Limits on Essential Benefits | <i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |
| | Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact. | <i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

| TOI | Category | Statute Section | Grandfathered | Non-Grandfathered |
|-----|--|---|--|--|
| | <p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p> | <i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | <p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p> | <i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | <p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p> | <i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | <p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p> | <i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

| TOI | Category | Statute Section | Grandfathered | Non-Grandfathered |
|-----|---|--|---------------|--|
| | <p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p> | <p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | <p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p> | <p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

| TOI | Category | Statute Section | Grandfathered | Non-Grandfathered |
|-----|--|--|--|--|
| | Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 | <i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |
| | Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014. | <i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |
| | Eliminate Lifetime Dollar Limits on Essential Benefits | <i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |
| | Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact. | <i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Explanation: | | | |
| | Page Number: | | | |

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

| TOI | Category | Statute Section | Grandfathered | Non-Grandfathered |
|-----|---|---|---|--|
| | Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services Explanation: Page Number: | <i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇ Explanation: Page Number: | <i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i> | <input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number: | <i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

| TOI | Category | Statute Section | Grandfathered | Non-Grandfathered |
|-----|--|--|---------------|--|
| | <p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p> | <p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | <p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p> | <p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |
| | <p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p> | <p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p> | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain. |



Mid-West National Life Insurance
Company of Tennessee

9151 Boulevard 26 • North Richland Hills • Texas • 76180

*** PPACA COMPLIANCE FILING *
GRANDFATHERED PLANS
INDIVIDUAL MARKET**

July 30, 2010

Arkansas Insurance Department
Life & Health Division
1200 W 3rd Street
Little Rock, AR 72201-1904

Mid-West National Life Insurance Company of Tennessee...NAIC # 264-66087 / FEIN # 62-0724538

NEW AMENDATORY FORM
MW AE PPACA GF IM (07/10)

DESCRIPTION
Patient Protection & Affordable Care Act of 2010
GRANDFATHERED Policy/Certificate Amendatory
Endorsement

Dear Examiner:

The enclosed Amendatory Endorsement form is hereby submitted for your review and approval. This form is new and is not intended to replace any forms previously approved by your Department.

The purpose of this form is to amend some of the benefits, terms, conditions, limitations, and exclusions contained in our Insured Persons' Policies/Certificates; including, any attached Riders, as a result of the Patient Protection and Affordable Care Act of 2010 (PPACA). The provisions reflected on this form will only apply to the extent such benefits are currently considered Covered Expenses/Services under the Insured Person's Policy/Certificate. The provisions are effective January 1, 2011.

The Company is committed to monitoring Federal and State regulations as they are passed in connection with PPACA, and will prepare and submit any necessary subsequent Amendatory Endorsement forms in the future.

Necessary rate filings; including, Actuarial Memoranda and Rate description pages, will be submitted under separate cover in the near future.

To the best of our knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your State.

If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-3590. Your assistance in this matter is greatly appreciated.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Kathleen Allen". The signature is written in a cursive, flowing style.

Kathleen Allen
Senior Compliance Analyst, Product Compliance
Corporate Compliance

HealthMarkets®

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