

SERFF Tracking Number: MGCA-127296539 State: District of Columbia
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number:
 Company Tracking Number: 15801
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: DC Situs Mid-West Supplemental Inforce Plans
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	DC Situs Midwest Inforce Supplemental Plans		New		DC MIDWEST Inforce Supplementals Rates.pdf

Mid-West National Life Insurance Company of Tennessee
9151 N. Grapevine Highway, North Richland Hills, TX 76180
Cancer Policy Form MW-25616
Monthly Premium Rates

Policy Fee : [\$25.00]

Plan Code ECAS02B

Formula: (Base Rate * Benefit Factor)

Age	<u>Base Rates</u>			
	Tobacco User		Non-Tobacco User	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Dependent				
Child	\$2.00	\$2.00	\$2.00	\$2.00
19-24	\$3.00	\$5.00	\$2.00	\$3.00
25-29	\$3.00	\$10.00	\$2.00	\$6.00
30-34	\$3.00	\$11.00	\$2.00	\$7.00
35-39	\$5.00	\$14.00	\$3.00	\$8.00
40-44	\$8.00	\$17.00	\$5.00	\$10.00
45-49	\$13.00	\$21.00	\$8.00	\$12.00
50-54	\$20.00	\$25.00	\$12.00	\$15.00
55-59	\$30.00	\$30.00	\$17.00	\$18.00
60-64	\$40.00	\$34.00	\$23.00	\$20.00

<u>Benefit Factors</u>	
Benefit Amount	Factor
10,000	0.500
20,000	1.000
30,000	2.000
40,000	3.000
50,000	4.000
60,000	5.000

Plan codes listed above may not be inclusive.

**Mid-West National Life Insurance Company of Tennessee
Hospital Confinement Indemnity Plan MW-25896-C
Monthly Bank Draft Rates - Non-Tobacco**

**For Plan Code KHAB01B, Issued as a Stand Alone Plan
Marketing Name - Essential Core Care**

		<u>Age/Sex Factors</u>		
Monthly Base Rate:	\$14.60		<u>Male</u>	<u>Female</u>
		Each Child	0.478	0.478
DBA Amount:	Factor	18 - 24	0.563	0.813
\$250	0.533	25 - 29	0.594	0.906
\$450	1.000	30 - 34	0.688	1.094
\$500	1.066	35 - 39	0.813	1.344
\$700	1.330	40 - 44	1.000	1.656
\$750	1.394	45 - 49	1.406	1.781
\$950	1.650	50 - 54	1.875	1.906
\$1,000	1.716	55 - 59	2.969	2.688
\$1,200	1.980	60 - 64	3.532	3.532
\$1,500	2.370			
\$1,700	2.630			
Tobacco Factor:	1.17			
Marital Discount Factor:	0.95			

**For Plan Code KHAB03B, Issued in Combination with Another Health Plan
Marketing Name - Hospital Confinement Plan**

		<u>Age/Sex Factors</u>		
Monthly Base Rate:	\$5.27		<u>Male</u>	<u>Female</u>
		Each Child	0.478	0.478
DBA Amount:	Factor	18 - 24	0.563	0.813
\$75	0.250	25 - 29	0.594	0.906
\$100	0.333	30 - 34	0.688	1.094
\$150	0.500	35 - 39	0.813	1.344
\$200	0.667	40 - 44	1.000	1.656
\$250	0.833	45 - 49	1.406	1.781
\$275	0.860	50 - 54	1.875	1.906
\$300	1.000	55 - 59	2.969	2.688
\$350	1.290	60 - 64	3.532	3.532
\$400	1.570			
\$450	1.860			
Tobacco Factor:	1.17			
Marital Discount Factor:	0.95			

To calculate rate, multiply the monthly base rate by the appropriate age/sex factor, DBA Amount factor, and tobacco or marital factors if they apply, and round to the near dollar.

For rates other than monthly bank draft, multiply the monthly bank draft rate by 3 for quarterly, 6 for semi-annual, 11 for annual.

Actual rates on system may vary due to rounding.

Plan Codes listed above may not be inclusive

SERFF Tracking Number: MGCA-127296539 State: District of Columbia
Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number:
Company Tracking Number: 15801
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: DC Situs Mid-West Supplemental Inforce Plans
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Justification

Comments:

Attachment:

DC MIDWEST Inforce Supplementals Act Memo Updated 7.11.11.pdf

Item Status: **Status**
Date:

Satisfied - Item: Supporting Documents

Comments:

Attachments:

DC MIDWEST Inforce Supplementals Cover Letter 6.28.11.pdf

DC MIDWEST Inforce Supplementals NAIC Transmittals 6.28.11.pdf

Mid-West National Life Insurance Company of Tennessee

Administrative Offices: 9151 Boulevard 26, N Richland Hills, TX 76182

Actuarial Memorandum for

Policy Forms: MW-25976-C Specified Disease or Condition Policy, MW-25896-C Hospital Confinement Policy and MW-25616 Cancer Benefit Policy

Purpose

To introduce new benefits and reduce rates on these previously approved forms for inforce business.

Scope and Reason

We are revising rating factors for this form to **increase the benefits payable for a given premium rate**. These changes would be an **effective reduction in rates**; however, it is our goal to provide inforce policy and certificate holders with an increased benefit such that no net change to their premium will result. The benefit increases/rate reductions for inforce policy and certificate holders in this filing are described in the chart below:

Form	Description	Benefit Change Increase	Estimate % Benefit Increase
MW-25896-C	Hospital Confinement Indemnity	Add \$200 to Daily Benefit Amount	54%
MW-25616	Cancer Benefit Policy	Add \$10,000 to Maximum Benefit Amount (except for \$3,000 substandard policyholders who will move to \$6,000)	77%

Advance notification of this change will be provided subject to state requirements, if any, and policy and certificate holders will have the opportunity to retain their previous benefit option at a reduced premium if they elect to do so. The new rates will be effective on 7/1/2011, unless state requirements dictate advance notice of a change in benefits.

Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing complies with applicable state regulations and that premiums are reasonable in relation to benefits.

7/11/2011
Date



Peter Daggett, ASA, MAAA
Vice President and Actuary
Mid-West National Life Insurance Company of Tennessee

Phone: (800) 729-2302 Fax: (817) 225-8274 Email: NRHAct-Comp@HealthMarkets.com

6/28/2011

Government of District of Columbia Department of Insurance
Securities and Banking
Actuarial Analysis Division
810 First Street NE, Suite 701
Washington, D.C. 20002

Re: Mid-West National Life Insurance Company of Tennessee
Company NAIC # 264-66087
Company FEIN # 62-0724538
Forms: MW-25896-C Hospital Confinement Policy and MW-25616 Cancer Benefit Policy

Dear Sir/Madam:

Mid-West National Life Insurance Company of Tennessee (hereinafter, "Mid-West") respectfully submits rates for your information for the above referenced certificate and policy forms. These forms are all supplemental health business and are therefore not subject to the Patient Protection and Affordable Care Act. These plans are individually underwritten for residents in the following states: AK, AL, AR, AZ, CA, CT, DC, FL, IA, ID, IL, MA, MD, MI, MO, MS, MT, NC, NE, NM, NV, OH, OK, PA, RI, SC, TN, UT, TX, VA, WI and WY. When qualified, the applicant is issued a Certificate of Coverage under an association group master policy that is issued in the District of Columbia.

Purpose and Scope

The purpose of this filing is to revise rating factors for inforce policy and certificate holders to reflect experience. The revised rates will be effective on 7/1/2011, unless state requirements dictate advance notice of a change in benefits.

These revisions on inforce business **will increase the benefits payable for a given premium rate** and would represent an **effective reduction in rates**; however, Mid-West intends to provide inforce policy and certificate holders with an alternative increased benefit option such that no net change in premium will result. Advance notification of this change will be provided subject to state requirements, and policy and certificate holders will have the opportunity to retain their previous benefit options at a reduced premium if they elect to do so.

Rate Reductions on Inforce Business

The benefit increases/rate reductions for inforce policy and certificate holders in this filing are described in the chart below:

Form	Description	Benefit Change Increase	Estimate % Benefit Increase
MW-25896-C	Hospital Confinement Indemnity	Add \$200 to Daily Benefit Amount	54%
MW-25616	Cancer Benefit Policy	Add \$10,000 to Maximum Benefit Amount	77%

Although we believe the current premium rates for these products are well in line with the rest of the industry, the experience on this business has not fully developed as expected. Our analysis suggests that this has occurred for several reasons:

1. In the past, Mid-West most often issued these supplemental health forms concurrently with and secondary to a fully underwritten medical plan as allowed in your state. If the applicant was denied medical coverage in underwriting, he or she most often declined to take any supplemental coverage as well. Thus, the risk for business issued under these forms was quite constrained.
2. These supplemental plans typically accompanied underwritten medical plans with limited benefits. These limited benefits drove high lapse rates on both the medical and the supplemental plans

(particularly among those that are less healthy than average), resulting in average lives of the business less than two years, and those persisting beyond two years having lower than expected utilization.

It appears that the short average life of the business has prevented the expected durational selection effect from fully developing in the experience data.

Because the abbreviated life of the business has limited our access to late duration policy data for these plans, we do not have sufficient late duration data to credibly estimate ultimate losses. Therefore, the pricing revisions in this filing conservatively compensate for this low loss experience based on the available data. We will continue ongoing monitoring of the situation and make further revisions if necessary.

If you have any questions, please feel free to contact me.

Sincerely,



Sommay Khounlo
Supervisor, Rate Filings
Phone: (800) 729-2302 x3372
Fax: (817) 255-9274
Email: NRHAct-Comp@HealthMarkets.com

Effective March 1, 2007

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Mid-West National Life Insurance Company of Tennessee 9151 Boulevard 26, N Richland Hills, TX 76180	Texas		264	66087	62-0724538	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jennifer Schilb 9151 Boulevard 26, N Richland Hills, TX 76180	(800) 729-2302 x3884	(817)255-8274	NRHAct-Comp@HealthMarkets.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	DC Situs Mid-West Supplemental Inforce Plans 201107 DC MidWest 15801
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7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous File # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise										
		Group <table border="0"> <tr> <td><input type="checkbox"/> Small</td> <td><input checked="" type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input checked="" type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Large	<input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer	<input checked="" type="checkbox"/> Association	<input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Small	<input checked="" type="checkbox"/> Large	<input type="checkbox"/> Small and Large										
<input type="checkbox"/> Employer	<input checked="" type="checkbox"/> Association	<input type="checkbox"/> Blanket										
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust											
<input type="checkbox"/> Other: _____												

9.	Type of Insurance	H21 - Health - Other
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10.	Product Coding Matrix Filing Code	H21.000 - Health - Other
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11.	Submitted Documents	<input type="checkbox"/> Forms <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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Effective March 1, 2007

12.	Filing Submission Date	6/28/2011
13.	Filing Fee (If required)	Amount _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	

15.	Filing Description:
	<p>We are revising rating factors for this form to increase the benefits payable for a given premium rate. These changes would be an effective reduction in rates; however, it is our goal to provide inforce policy and certificate holders with an increased benefit such that no net change to their premium will result.</p>

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory and regulatory provisions for the state of District of Columbia.</p>	
Print Name	<u>Peter Daggett, ASA, MAAA</u> Title <u>Vice President and Actuary</u>
Signature	<u></u> Date <u>6/28/2011</u>

Effective March 1, 2007

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	DC Situs Mid-West Supplemental Inforce Plans 201107 DC MidWest 15801
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

Effective March 1, 2007

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		DC Situs Mid-West Supplemental Inforce Plans 201107 DC MidWest 15801		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)		%		
Overall percentage rate impact for this filing		- %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	0	DC Situs Mid-West Supplemental Inforce Plans	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input checked="" type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

SERFF Tracking Number: MGCA-127296539 State: District of Columbia
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number:
 Company Tracking Number: 15801
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: DC Situs Mid-West Supplemental Inforce Plans
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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)
06/28/2011		Supporting Actuarial Justification Document	07/11/2011	DC MIDWEST Inforce Supplementals Act Memo 6.28.11.pdf (Superceded)

Mid-West National Life Insurance Company of Tennessee

Administrative Offices: 9151 Boulevard 26, N Richland Hills, TX 76182

Actuarial Memorandum for

Policy Forms: MW-25896-C Hospital Confinement Policy and MW-25616 Cancer Benefit Policy

Purpose

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Scope and Reason

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Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing complies with applicable state regulations and that premiums are reasonable in relation to benefits.

6/28/2011
Date



Peter Daggett, ASA, MAAA
Vice President and Actuary
Mid-West National Life Insurance Company of Tennessee