

**State:** District of Columbia **Filing Company:** Mid-West National Life Insurance Company of Tennessee  
**TOI/Sub-TOI:** H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group  
**Product Name:** DC MidWest AG Situs  
**Project Name/Number:** /

**Filing at a Glance**

Company: Mid-West National Life Insurance Company of Tennessee  
Product Name: DC MidWest AG Situs  
State: District of Columbia  
TOI: H15G Group Health - Hospital/Surgical/Medical Expense  
Sub-TOI: H15G.001 Any Size Group  
Filing Type: Rate  
Date Submitted: 01/28/2014  
SERFF Tr Num: MGCA-129389241  
SERFF Status: Closed-FILED FOR INFORMATION  
State Tr Num:  
State Status:  
Co Tr Num: DC MIDWEST AG SITUS 201403 DC MIDWEST 16107  
Implementation 03/01/2014  
Date Requested:  
Author(s): Chanel Rodriguez, Sommay Khounlo  
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu  
Disposition Date: 02/04/2014  
Disposition Status: FILED FOR INFORMATION  
Implementation Date: 03/01/2014

State Filing Description:

**State:** District of Columbia **Filing Company:** Mid-West National Life Insurance Company of Tennessee  
**TOI/Sub-TOI:** H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group  
**Product Name:** DC MidWest AG Situs  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Informational Domicile Status Comments: Our state of domicile is Texas.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type: Non Employer Group - Individual  
 Overall Rate Impact: Filing Status Changed: 02/04/2014  
 State Status Changed:  
 Deemer Date: Created By: Chanel Rodriguez  
 Submitted By: Sommay Khounlo Corresponding Filing Tracking Number:  
 PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

### Filing Description:

We are filing rate changes for your information to our Grandfathered (GF) association group health benefit plans. These plans were individually underwritten for residents in the following states: AL, AZ, FL, GA, ID, LA, MO, NE, NC, PA, TX and WY. The rate change will be effective for Grandfathered members on 3/1/2014; or 4/1/2014 in the states that requires 45 to 60 days member notice. Mid-West is not issuing any new health benefit plans under the affected forms at this time. Advance notification of this rate change will be provided to certificate holders subject to the number of days required by the state.

## Company and Contact

### Filing Contact Information

Chanel Rodriguez, chanel.rodriguez@healthmarkets.com  
 9151 Boulevard 26 817-255-6427 [Phone]  
 North Richland Hills, TX 76180

### Filing Company Information

Mid-West National Life Insurance	CoCode: 66087	State of Domicile: Texas
Company of Tennessee	Group Code: 264	Company Type:
9151 Boulevard 26	Group Name:	State ID Number:
North Richland Hills, TX 76180	FEIN Number: 62-0724538	
(817) 255-3100 ext. [Phone]		

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

SERFF Tracking #:

MGCA-129389241

State Tracking #:

Company Tracking #:

DC MIDWEST AG SITUS 201403 DC  
MIDWEST 16...

State: District of Columbia

Filing Company:

Mid-West National Life Insurance Company of Tennessee

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group

Product Name: DC MidWest AG Situs

Project Name/Number: /

### Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

### Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Mid-West National Life Insurance Company of Tennessee	Increase	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								1
Policy Holders:								0

State: District of Columbia Filing Company: Mid-West National Life Insurance Company of Tennessee  
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**Rate Review Detail**

**COMPANY:**

Company Name: Mid-West National Life Insurance Company of Tennessee  
 HHS Issuer Id: 61567

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
N/A-This is a situs informational filing.			1

Trend Factors:

**FORMS:**

New Policy Forms:  
 Affected Forms: n/a  
 Other Affected Forms:

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Other  
 Member Months: 0  
 Benefit Change: None  
 Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

**PRIOR RATE:**

Total Earned Premium: 0.00  
 Total Incurred Claims: 0.00  
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

**REQUESTED RATE:**

Projected Earned Premium: 0.00  
 Projected Incurred Claims: 0.00  
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:

MGCA-129389241

State Tracking #:

Company Tracking #:

DC MIDWEST AG SITUS 201403 DC  
MIDWEST 16...

State: District of Columbia

Filing Company:

Mid-West National Life Insurance Company of Tennessee

TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group

Product Name: DC MidWest AG Situs

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	DC Midwest AG Situs Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	DC Midwest AG Situs Act Memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Justification
<b>Bypass Reason:</b>	N/A-This is not a new form filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

**SERFF Tracking #:**

MGCA-129389241

**State Tracking #:****Company Tracking #:**DC MIDWEST AG SITUS 201403 DC  
MIDWEST 16...**State:** District of Columbia**Filing Company:**

Mid-West National Life Insurance Company of Tennessee

**TOI/Sub-TOI:** H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group**Product Name:** DC MidWest AG Situs**Project Name/Number:** /

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	N/A-This is for Grandfathered only.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A-This is for Grandfathered only.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Supporting Documents
<b>Comments:</b>	
<b>Attachment(s):</b>	DC - Midwest Rate Increase Development Exhibits.pdf DC Midwest AG Situs NAIC Transmittal.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

January 24, 2014

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 (Mid-West)**  
Company NAIC # 264-66087  
Company FEIN # 62-0724538  
**Rate Filing for Association Group Plans (Non Small Employer)**

Dear Sir or Madam:

Mid-West National Life Insurance Company of Tennessee respectfully submits rates for your information for our Grandfathered association group health benefit plans. These plans were individually underwritten for residents in the following states: AL, AZ, FL, GA, ID, LA, MO, NE, NC, PA, TX and WY. When qualified, the applicant was issued a Certificate of Coverage under an association group master policy that is issued in the District of Columbia. At this time, Mid-West has ceased all new sales under the filed association group health benefit plans. However, at this time, Mid-West does intend to continue renewing and administering these inforce blocks of business.

The rate action for the Scheduled Plans, Non-Scheduled Plans, and Riders is based on each state's experience taking credibility, taxes, fees, and assessments into consideration while the ACE rider is based on nationwide experience due to its low claim frequency resulting in significant credibility concerns. Please refer to the Rate Increase Development Exhibits for more details.

Thank you for your review of this rate filing. If you have any questions or need additional information, please feel free to contact me at any time.

Sincerely,



Robert W. Darnell, ASA, MAAA  
Phone: (817) 255-3126  
Fax: (817) 255-8274  
Email: Bob.Darnell@Hmks.com

# Mid-West National Life Insurance Company of Tennessee

Administrative Offices: 9151 Boulevard 26, North Richland Hills, TX 76180

## Actuarial Memorandum for Health Plan Rate Filing Grandfathered Association Group Health Plans (Non Small Employer)

### Purpose

To inform of rate changes on health benefit plan forms.

### Scope and Reason

We are filing rate changes for your information to our Grandfathered (GF) association group health benefit plans. These plans were individually underwritten for residents in the following states: AL, AZ, FL, GA, ID, LA, MO, NE, NC, PA, TX and WY. The rate change will be effective for Grandfathered members on 3/1/2014; or 4/1/2014 in the states that requires 45 to 60 days member notice. Mid-West is not issuing any new health benefit plans under the affected forms at this time. Advance notification of this rate change will be provided to certificate holders subject to the number of days required by the state.

We are requesting the following rate increases:

State	GF or Non-GF	Product Type	Rate Increase
AL	GF	RIDER	6.96%
AL	GF	Accumulated Covered Expense Rider	45.00%
AZ	GF	All Products Types except ACE	20.00%
AZ	GF	Accumulated Covered Expense Rider	45.00%
FL	GF	RIDER	4.31%
FL	GF	Accumulated Covered Expense Rider	45.00%
GA	GF	RIDER	10.00%
GA	GF	Accumulated Covered Expense Rider	45.00%
ID	GF	Accumulated Covered Expense Rider	45.00%
LA	GF	RIDER	9.96%
LA	GF	Scheduled Plans	3.02%

State	GF or Non-GF	Product Type	Rate Increase
MO	GF	RIDER	6.15%
MO	GF	Scheduled Plans	10.00%
MO	GF	Accumulated Covered Expense Rider	45.00%
NE	GF	Scheduled Plans	10.00%
NC	GF	All Products Types except ACE	12.59%
NC	GF	Accumulated Covered Expense Rider	45.00%
PA	GF	Non-Scheduled Plans	20.00%
PA	GF	Accumulated Covered Expense Rider	45.00%
TX	GF	Non-Scheduled Plans	20.00%
WY	GF	Accumulated Covered Expense Rider	45.00%

The product types are defined as following: (1) Basic hospital, surgical, medical expense incurred plans that have numerous internal benefit limits and catastrophic expense rider which attach to these plans ("Scheduled Plans"), (2) Preferred provider/catastrophic expense plans ("Non-Scheduled Plans"), (3) Riders that attach to the Scheduled and/or the Non-Scheduled plans and provide for additional benefits with the exception of the accumulated covered expense rider ("Riders"), and (4) the accumulated covered expense rider ("ACE"). Please note that the ACE rider is an optional benefit available on many of the Scheduled Plans and is a small component of the total certificate premium.

The rate action for the Scheduled Plans, Non-Scheduled Plans, and Riders is based on each state's experience taking credibility, taxes, fees, and assessments into consideration while the ACE rider is based on nationwide experience due to its low claim frequency resulting in significant credibility concerns. Please refer to the Rate Increase Development Exhibits for more details.

A rate change amount is determined after credibility adjustment and based on our target loss ratio of 80%, adjusted downward on a state-by-state basis for applicable credibility, taxes, fees, and assessments.



**Actuarial Certification**

I certify, based on the laws as we know them today, that this rate filing is in compliance with the applicable laws and regulations of this state. I further certify the rates are not excessive, inadequate, or unfairly discriminatory.

Certified by:



Robert W. Darnell, ASA, MAAA

Date:

1/24/2014

**Development of Rate Adjustment Based on Trend, Experience and MLR**

Alabama - Mid-West

			<b>Calculation</b>	<b>RIDERS</b>	<b>ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE</b>
<b>2013 Projection</b>	(1)	Earned Premiums		175,003	1,674,053
data through August	(2)	Incurred Claims		118,236	1,872,730
	(3)	Loss Ratio	= (2) / (1)	67.56%	111.87%
<b>2014 Projection</b>	(4)	Earned Premiums		129,758	1,241,186
absent Rate Adjustment	(5)	Incurred Claims		93,804	1,666,277
	(6)	Loss Ratio	= (5) / (4)	72.29%	134.25%
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard		80.00%	80.00%
	(8)	Credibility Adjustment		0.00%	4.74%
	(9)	State Premium Taxes		1.75%	2.27%
	(10)	Federal Income Tax		4.68%	4.68%
	(11)	Health Insurer Tax		2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee		2.55%	2.55%
	(13)	Risk Adjustment Fee		0.04%	0.04%
	(14)	PCORI Admin Fee		0.08%	0.08%
	(15)	Other Fees and Assessments		0.91%	0.91%
	(16)	Total Fees & Assessments	= (9) + (10) + ... + (15)	12.41%	12.93%
	(17)	Target Loss Ratio	= (7) - (8) - (16)	67.59%	62.34%
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	= (6) / (17) - 1	6.96%	115.36%
	(19)	Proposed Rate Increase		6.96%	45.00%
	(20)	Projected Loss Ratio		67.59%	92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Arizona - Mid-West

		Calculation	ALL PRODUCT TYPES EXCEPT FOR ACE RIDER	ACCUMULATED COVERED EXPENSE (ACE) RIDER - NATIONWIDE
<b>2013 Projection</b>	(1)	Earned Premiums	1,615,679	1,674,053
data through August	(2)	Incurred Claims	1,485,791	1,872,730
	(3)	Loss Ratio	91.96%	111.87%
		= (2) / (1)		
<b>2014 Projection</b>	(4)	Earned Premiums	1,197,969	1,241,186
absent Rate Adjustment	(5)	Incurred Claims	1,187,409	1,666,277
	(6)	Loss Ratio	99.12%	134.25%
		= (5) / (4)		
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%
	(8)	Credibility Adjustment	10.29%	4.74%
	(9)	State Premium Taxes	2.01%	2.27%
	(10)	Federal Income Tax	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%
	(15)	Other Fees and Assessments	0.91%	0.91%
	(16)	Total Fees & Assessments	12.67%	12.93%
		= (9) + (10) + ... + (15)		
	(17)	Target Loss Ratio	57.04%	62.34%
		= (7) - (8) - (16)		
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	73.77%	115.36%
		= (6) / (17) - 1		
	(19)	Proposed Rate Increase	20.00%	45.00%
	(20)	Projected Loss Ratio	82.60%	92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Florida - Mid-West

			RIDERS	ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE
		Calculation		
<b>2013 Projection</b>	(1)	Earned Premiums	3,105,372	1,674,053
data through August	(2)	Incurred Claims	1,908,429	1,872,730
	(3)	Loss Ratio	61.46%	111.87%
		= (2) / (1)		
<b>2014 Projection</b>	(4)	Earned Premiums	2,302,525	1,241,186
absent Rate Adjustment	(5)	Incurred Claims	1,514,085	1,666,277
	(6)	Loss Ratio	65.76%	134.25%
		= (5) / (4)		
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%
	(8)	Credibility Adjustment	4.54%	4.74%
	(9)	State Premium Taxes	1.76%	2.27%
	(10)	Federal Income Tax	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%
	(15)	Other Fees and Assessments	0.91%	0.91%
	(16)	Total Fees & Assessments	12.42%	12.93%
		= (9) + (10) + ... + (15)		
	(17)	Target Loss Ratio	63.04%	62.34%
		= (7) - (8) - (16)		
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	4.31%	115.36%
		= (6) / (17) - 1		
	(19)	Proposed Rate Increase	4.31%	45.00%
	(20)	Projected Loss Ratio	63.04%	92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Georgia - Mid-West

		Calculation	RIDERS	ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE
<b>2013 Projection</b>	(1)	Earned Premiums	982,861	1,973,364
data through August	(2)	Incurred Claims	802,456	1,924,281
	(3)	Loss Ratio	81.64%	97.51%
		= (2) / (1)		
<b>2014 Projection</b>	(4)	Earned Premiums	730,984	1,464,275
absent Rate Adjustment	(5)	Incurred Claims	638,903	1,712,384
	(6)	Loss Ratio	87.40%	116.94%
		= (5) / (4)		
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%
	(8)	Credibility Adjustment	7.51%	7.27%
	(9)	State Premium Taxes	2.25%	2.27%
	(10)	Federal Income Tax	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%
	(15)	Other Fees and Assessments	0.91%	0.91%
	(16)	Total Fees & Assessments	12.91%	12.93%
		= (9) + (10) + ... + (15)		
	(17)	Target Loss Ratio	59.58%	59.80%
		= (7) - (8) - (16)		
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	46.71%	95.55%
		= (6) / (17) - 1		
	(19)	Proposed Rate Increase	10.00%	45.00%
	(20)	Projected Loss Ratio	79.46%	80.65%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Idaho - Mid-West

			<b>Calculation</b>	<b>ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE</b>
<b>2013 Projection</b>	(1)	Earned Premiums		1,674,053
data through August	(2)	Incurred Claims		1,872,730
	(3)	Loss Ratio	= (2) / (1)	111.87%
<b>2014 Projection</b>	(4)	Earned Premiums		1,241,186
absent Rate Adjustment	(5)	Incurred Claims		1,666,277
	(6)	Loss Ratio	= (5) / (4)	134.25%
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard		80.00%
	(8)	Credibility Adjustment		4.74%
	(9)	State Premium Taxes		2.27%
	(10)	Federal Income Tax		4.68%
	(11)	Health Insurer Tax		2.40%
	(12)	Transitional Reinsurance Program Fee		2.55%
	(13)	Risk Adjustment Fee		0.04%
	(14)	PCORI Admin Fee		0.08%
	(15)	Other Fees and Assessments		0.91%
	(16)	Total Fees & Assessments	= (9) + (10) + ... + (15)	12.93%
	(17)	Target Loss Ratio	= (7) - (8) - (16)	62.34%
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	= (6) / (17) - 1	115.36%
	(19)	Proposed Rate Increase		45.00%
	(20)	Projected Loss Ratio		92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Louisiana - Mid-West

		Calculation	RIDERS	SCHEDULED PLANS
<b>2013 Projection</b>	(1)	Earned Premiums	927,548	1,270,793
data through August	(2)	Incurred Claims	552,382	721,881
	(3)	Loss Ratio	59.55%	56.81%
		= (2) / (1)		
<b>2014 Projection</b>	(4)	Earned Premiums	690,731	946,085
absent Rate Adjustment	(5)	Incurred Claims	439,801	564,353
	(6)	Loss Ratio	63.67%	59.65%
		= (5) / (4)		
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%
	(8)	Credibility Adjustment	9.15%	9.15%
	(9)	State Premium Taxes	2.28%	2.28%
	(10)	Federal Income Tax	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%
	(15)	Other Fees and Assessments	0.92%	0.92%
	(16)	Total Fees & Assessments	12.95%	12.95%
		= (9) + (10) + ... + (15)		
	(17)	Target Loss Ratio	57.90%	57.90%
		= (7) - (8) - (16)		
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	9.96%	3.02%
		= (6) / (17) - 1		
	(19)	Proposed Rate Increase	9.96%	3.02%
	(20)	Projected Loss Ratio	57.90%	57.90%

## Development of Rate Adjustment Based on Trend, Experience and MLR

Missouri - Mid-West

		Calculation	RIDERS	SCHEDULED PLANS	ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE
<b>2013 Projection</b>	(1)	Earned Premiums	319,671	395,087	1,674,053
data through August	(2)	Incurred Claims	213,555	326,957	1,872,730
	(3)	Loss Ratio	66.80%	82.76%	111.87%
		= (2) / (1)			
<b>2014 Projection</b>	(4)	Earned Premiums	237,025	292,943	1,241,186
absent Rate Adjustment	(5)	Incurred Claims	169,428	254,548	1,666,277
	(6)	Loss Ratio	71.48%	86.89%	134.25%
		= (5) / (4)			
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%	80.00%
	(8)	Credibility Adjustment	0.00%	0.00%	4.74%
	(9)	State Premium Taxes	2.00%	2.00%	2.27%
	(10)	Federal Income Tax	4.68%	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%	0.08%
	(15)	Other Fees and Assessments	0.91%	0.91%	0.91%
	(16)	Total Fees & Assessments	12.66%	12.66%	12.93%
		= (9) + (10) + ... + (15)			
	(17)	Target Loss Ratio	67.34%	67.34%	62.34%
		= (7) - (8) - (16)			
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	6.15%	29.04%	115.36%
	(19)	Proposed Rate Increase	6.15%	10.00%	45.00%
	(20)	Projected Loss Ratio	67.34%	78.99%	92.59%
		= (6) / (17) - 1			

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience



## Development of Rate Adjustment Based on Trend, Experience and MLR

North Carolina - Mid-West

		Calculation	ALL PRODUCT TYPES EXCEPT FOR ACE RIDER	ACCUMULATED COVERED EXPENSE (ACE) RIDER - NATIONWIDE
<b>2013 Projection</b>	(1)	Earned Premiums	3,491,366	1,674,053
data through August	(2)	Incurred Claims	2,265,373	1,872,730
	(3)	Loss Ratio	= (2) / (1) 64.88%	111.87%
<b>2014 Projection</b>	(4)	Earned Premiums	2,588,726	1,241,186
absent Rate Adjustment	(5)	Incurred Claims	1,782,922	1,666,277
	(6)	Loss Ratio	= (5) / (4) 68.87%	134.25%
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%
	(8)	Credibility Adjustment	6.16%	4.74%
	(9)	State Premium Taxes	2.01%	2.27%
	(10)	Federal Income Tax	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%
	(15)	Other Fees and Assessments	0.91%	0.91%
	(16)	Total Fees & Assessments	= (9) + (10) + ... + (15) 12.67%	12.93%
	(17)	Target Loss Ratio	= (7) - (8) - (16) 61.17%	62.34%
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	= (6) / (17) - 1 12.59%	115.36%
	(19)	Proposed Rate Increase	12.59%	45.00%
	(20)	Projected Loss Ratio	61.17%	92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Nebraska - Mid-West

			<b>Calculation</b>	<b>SCHEDULED PLANS</b>
<b>2013 Projection</b>	(1)	Earned Premiums		8,203
data through August	(2)	Incurred Claims		13,919
	(3)	Loss Ratio	= (2) / (1)	169.69%
<b>2014 Projection</b>	(4)	Earned Premiums		6,082
absent Rate Adjustment	(5)	Incurred Claims		10,836
	(6)	Loss Ratio	= (5) / (4)	178.17%
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard		80.00%
	(8)	Credibility Adjustment		0.00%
	(9)	State Premium Taxes		2.15%
	(10)	Federal Income Tax		4.68%
	(11)	Health Insurer Tax		2.40%
	(12)	Transitional Reinsurance Program Fee		2.55%
	(13)	Risk Adjustment Fee		0.04%
	(14)	PCORI Admin Fee		0.08%
	(15)	Other Fees and Assessments		0.91%
	(16)	Total Fees & Assessments	= (9) + (10) + ... + (15)	12.81%
	(17)	Target Loss Ratio	= (7) - (8) - (16)	67.19%
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	= (6) / (17) - 1	165.17%
	(19)	Proposed Rate Increase		10.00%
	(20)	Projected Loss Ratio		161.97%

## Development of Rate Adjustment Based on Trend, Experience and MLR

Pennsylvania - Mid-West - AG

		Calculation	NON SCHEDULED PLANS	ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE
<b>2013 Projection</b>	(1)	Earned Premiums	269,397	1,674,053
data through August	(2)	Incurred Claims	264,386	1,872,730
	(3)	Loss Ratio	98.14%	111.87%
		= (2) / (1)		
<b>2014 Projection</b>	(4)	Earned Premiums	199,748	1,241,186
absent Rate Adjustment	(5)	Incurred Claims	219,557	1,666,277
	(6)	Loss Ratio	109.92%	134.25%
		= (5) / (4)		
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%	80.00%
	(8)	Credibility Adjustment	10.09%	4.74%
	(9)	State Premium Taxes	2.00%	2.27%
	(10)	Federal Income Tax	4.68%	4.68%
	(11)	Health Insurer Tax	2.40%	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%	2.55%
	(13)	Risk Adjustment Fee	0.04%	0.04%
	(14)	PCORI Admin Fee	0.08%	0.08%
	(15)	Other Fees and Assessments	0.91%	0.91%
	(16)	Total Fees & Assessments	12.66%	12.93%
		= (9) + (10) + ... + (15)		
	(17)	Target Loss Ratio	57.25%	62.34%
		= (7) - (8) - (16)		
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	91.99%	115.36%
		= (6) / (17) - 1		
	(19)	Proposed Rate Increase	20.00%	45.00%
	(20)	Projected Loss Ratio	91.60%	92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

## Development of Rate Adjustment Based on Trend, Experience and MLR

Texas - Mid-West

			NON SCHEDULED PLANS
		Calculation	
<b>2013 Projection</b>	(1)	Earned Premiums	910,108
data through August	(2)	Incurred Claims	760,652
	(3)	Loss Ratio	83.58%
		= (2) / (1)	
<b>2014 Projection</b>	(4)	Earned Premiums	676,297
absent Rate Adjustment	(5)	Incurred Claims	633,403
	(6)	Loss Ratio	93.66%
		= (5) / (4)	
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard	80.00%
	(8)	Credibility Adjustment	6.26%
	(9)	State Premium Taxes	1.75%
	(10)	Federal Income Tax	4.68%
	(11)	Health Insurer Tax	2.40%
	(12)	Transitional Reinsurance Program Fee	2.55%
	(13)	Risk Adjustment Fee	0.04%
	(14)	PCORI Admin Fee	0.08%
	(15)	Other Fees and Assessments	0.91%
	(16)	Total Fees & Assessments	12.41%
		= (9) + (10) + ... + (15)	
	(17)	Target Loss Ratio	61.33%
		= (7) - (8) - (16)	
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	52.72%
		= (6) / (17) - 1	
	(19)	Proposed Rate Increase	20.00%
	(20)	Projected Loss Ratio	78.05%

## Development of Rate Adjustment Based on Trend, Experience and MLR

Wyoming - Mid-West

			<b>Calculation</b>	<b>ACCUMULATED COVERED EXPENSE RIDER - NATIONWIDE</b>
<b>2013 Projection</b>	(1)	Earned Premiums		1,674,053
data through August	(2)	Incurred Claims		1,872,730
	(3)	Loss Ratio	= (2) / (1)	111.87%
<b>2014 Projection</b>	(4)	Earned Premiums		1,241,186
absent Rate Adjustment	(5)	Incurred Claims		1,666,277
	(6)	Loss Ratio	= (5) / (4)	134.25%
<b>Target Loss Ratio</b>	(7)	Loss Ratio Rebate Standard		80.00%
	(8)	Credibility Adjustment		4.74%
	(9)	State Premium Taxes		2.27%
	(10)	Federal Income Tax		4.68%
	(11)	Health Insurer Tax		2.40%
	(12)	Transitional Reinsurance Program Fee		2.55%
	(13)	Risk Adjustment Fee		0.04%
	(14)	PCORI Admin Fee		0.08%
	(15)	Other Fees and Assessments		0.91%
	(16)	Total Fees & Assessments	= (9) + (10) + ... + (15)	12.93%
	(17)	Target Loss Ratio	= (7) - (8) - (16)	62.34%
<b>Rate Adjustment</b>	(18)	Calculated Rate Adjustment	= (6) / (17) - 1	115.36%
	(19)	Proposed Rate Increase		45.00%
	(20)	Projected Loss Ratio		92.59%

\* Accumulated Covered Expense Rider (ACE) rate increase development is based on nationwide experience

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	District of Columbia
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

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
	Chané Rodriguez 9151 Boulevard 26, N Richland Hills, TX 76180	(817)255-6427	(817)255-8274	NRHAct-Comp@Hmmts.com

<b>5.</b>	<b>Requested Filing Mode</b>	<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 MidWest AG Situs 201403 DC Midwest 16107
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b>	<input type="checkbox"/> <b>Resubmission</b>	Previous File # _____
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<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input 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: _____
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<b>9.</b>	<b>Type of Insurance</b>	H15G - Group Health - Hospital/Surgical/Medical Expense
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H15G.001 - Any Size Group
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<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>Forms</b> <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"/> <b>Rates</b> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <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.	<b>Filing Submission Date</b>	1/24/2014
13.	<b>Filing Fee (If required)</b>	Amount _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Date _____ Check Number _____
14.	<b>Date of Domiciliary Approval</b>	

15.	<b>Filing Description:</b>
	<p>We are filing rate changes for your information to our Grandfathered association group health benefit plans. The rate change will be effective for Grandfathered members on 3/1/2014; or 4/1/2014 in the states that requires 45 to 60 days member notice.</p>

16.	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> 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>Robert W. Darnell, ASA, MAAA</u> Title <u>Pricing Actuary</u>
Signature	<u></u> Date <u>1/24/2014</u>

Effective March 1, 2007

<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	DC MidWestAGSitus201403 DC Midwest 16107
<b>This filing corresponds to rate filing company tracking number</b>	

	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 MidWestAGSitus201403 DC Midwest 16107		
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		DC MidWest AG Situs	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + ____% - ____% <input 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