

SERFF Tracking Number: AMMS-125483966 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 38153
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04221/MGR04221

Filing at a Glance

Company: Golden Rule Insurance Company
Product Name: Association Group SERFF Tr Num: AMMS-125483966 State: ArkansasLH
TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 38153
Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: State Status: Disapproved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Pat Allison, Deb Paris Disposition Date: 06/13/2008
Date Submitted: 02/12/2008 Disposition Status: Disapproved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: MGR04221 Status of Filing in Domicile: Pending
Project Number: MGR04221 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Overall Rate Impact: Group Market Type: Association
Filing Status Changed: 06/13/2008
State Status Changed: 06/13/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Please see cover letter.

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
7440 Woodland Drive (317) 297-0358 [Phone]
Indianapolis, IN 46278-1719 (317) 328-9645[FAX]

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Filing Company Information

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, IN 46278
(317) 297-0358 ext. [Phone]

CoCode: 62286
Group Code: 707
Group Name:
FEIN Number: 37-6028756

State of Domicile: Indiana
Company Type: Life and Health
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 check submitted under separate cover.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$0.00	02/12/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3371707	\$50.00	01/16/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	06/13/2008	06/13/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Rosalind Minor	02/22/2008	02/22/2008			
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request	Note To Filer	Rosalind Minor	03/31/2008	03/31/2008
Extensiion Request	Note To Reviewer	Pat Allison	03/25/2008	03/25/2008
Objection letter of 2/22/08	Note To Filer	Rosalind Minor (FM)	03/21/2008	03/21/2008

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Disposition

Disposition Date: 06/13/2008

Implementation Date:

Status: Disapproved

Comment: My Note to Filer on 3/31/08 stated that the file will remain open until 5/31/08. As of this date, we have not received the requested information; therefore, we are disapproving this submission.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Disapproved	Yes
Supporting Document	Application	Disapproved	Yes
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	Copy of Check	Disapproved	Yes
Form	Arkansas Endorsement	Disapproved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/22/2008

Submitted Date 02/22/2008

Respond By Date

Dear Debra Paris,

This will acknowledge receipt of the captioned filing.

Objection 1

- Arkansas Endorsement (Form)

Comment: Under (I) of the endorsement, it is stated...."That we may reduce other benefits under the policy by the amounts a covered person has agreed to reimburse us....".

Our statutes allow carriers the right to subrogation under ACA 23-79-146. There is no mention of an offset.

Our Legal Department has reviewed case law on this topic. It appears that the subrogation rights of the insurer are limited to the funds recovered by the insured from the third party. In *Sereboff v. Mid-Atlantic Medical Services, Inc.*, the US Supreme Court in 2006 stated that the funds must be specifically identifiable and only considered the funds recovered in the settlement. This would exclude possible future claims and/or benefits.

Our Legal Department outlines a problem on how recovery from future covered charges will work. If the insurer is owed \$10,000 from a subrogation claim, how will this be identified on their EOB? How will they notify providers of this possible offset? When a provider calls in to verify benefits, they are informed of the basic benefits, deductible amounts and out of pocket amounts. They are also informed if the patient has met his deductible and if the out of pocket amounts have been met. In this case, the provider has been assigned the benefits and is expecting payment from the insurer only to find out later that the insured owed the insurer money and no payments on the claim will be paid.

It is the opinion of our Legal Department that we should follow the Supreme Court ruling and limit subrogation rights to the actual funds paid by the third party tortfeasor.

Please feel free to contact me if you have questions.

Sincerely,

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Note To Filer

Created By:

Rosalind Minor on 03/31/2008 01:42 PM

Subject:

Extension Request

Comments:

We are keeping the file open for an additional 30 days to May 1, 2008.

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Note To Reviewer

Created By:

Pat Allison on 03/25/2008 12:31 PM

Subject:

Extensiion Request

Comments:

Dear Ms. Minor:

We respectfully request additional time to respond to your concerns. Please accept this note as our assurance that Golden Rule Insurance Company will not implement any deemer with regards to this forms filing.

Thank you for your attention to this matter. We look forward to your response.

Sincerely,
Debra Paris

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Note To Filer

Created By:

Rosalind Minor (FM) on 03/21/2008 02:24 PM

Subject:

Objection letter of 2/22/08

Comments:

Our records indicate that we have not received a response to our Objection Letter of 2/22/08. If a response is not received by 3/22/08, the filing will be disapproved.

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Form Schedule

Lead Form Number: MGR04221

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Disapprove	MGR04221	Matrix	Arkansas Endorsement	Initial		0	AR-MGR04221.pdf

[ARKANSAS ENDORSEMENT]

The Reimbursement provision is hereby deleted and replaced with the following:

If a *covered person's illness or injury* is caused by the acts or omissions of a *third party*, we will not cover a *loss* to the extent that it is paid as part of a settlement or judgment by any *third party*. However, if payment by or for the *third party* has not been made by the time we receive acceptable *proof of loss*, we will pay regular *policy* benefits for the *covered person's loss*. We will have the right to be reimbursed to the extent of benefits we paid for the *illness or injury* if the *covered person* subsequently receives any payment from any *third party*. The *covered person* (or the guardian, legal representatives, estate, or heirs of the *covered person*) shall promptly reimburse Golden Rule from the settlement, judgment, or any payment received from any *third party*.

As a condition for *our* payment, the *covered person* or anyone acting on his or her behalf (including, but not limited to, the guardian, legal representatives, estate, or heirs) agrees:

- (A) To fully cooperate with *us* in order to obtain information about the *loss* and its cause;
- (B) To immediately inform *us* in writing of any claim made or lawsuit filed on behalf of a *covered person* in connection with the *loss*;
- (C) To include the amount of benefits paid by *us* on behalf of a *covered person* in any claim made against any *third party*;
- (D) That we:
 - (1) Will have a lien on all money received by a *covered person* in connection with the *loss* equal to the amount we have paid;
 - (2) May give notice of that lien to any *third party* or *third party's* agent or representative;
 - (3) Will have the right to intervene in any suit or legal action to protect *our* rights;
- (4) Are subrogated to all of the rights of the *covered person* against any *third party* to the extent of the benefits paid on the *covered person's* behalf; and
- (5) May assert that subrogation right independently of the *covered person*.
- (E) To take no action that prejudices *our* reimbursement and subrogation rights;
- (F) To sign, date and deliver to *us* any documents we request which protect *our* reimbursement and subrogation rights;
- (G) To not settle any claim or lawsuit against a *third party* without providing *us* with written notice of the intent to do so;
- (H) To reimburse *us* from any money received from any *third party*, to the extent of benefits we paid for the *illness or injury*, whether obtained by settlement, judgment, or otherwise; and
- (I) That *we* may reduce other benefits under the *policy* by the amounts a *covered person* has agreed to reimburse *us*.

Furthermore, as a condition of *our* payment, we may require the *covered person* or the *covered person's* guardian (if the *covered person* is a minor or legally incompetent) to execute a written reimbursement agreement. However, the terms of this provision remain in effect regardless of whether or not an agreement is actually signed.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice

Review Status:

Disapproved

06/13/2008

Comments:

Attachment:

P-006.3, C-006.3 Readability Certif.pdf

Bypassed -Name: Application

Review Status:

Disapproved

06/13/2008

Bypass Reason: Does not apply.

Comments:

Satisfied -Name: Cover Letter

Review Status:

Disapproved

06/13/2008

Comments:

Attachment:

MGR04221 Flg Ltr.pdf

Satisfied -Name: Copy of Check

Review Status:

Disapproved

06/13/2008

Comments:

Attachment:

MGR04221 Copy of Check.pdf

Certification of Reading Ease

RE: Form (s) P-006.3, et al
C-006.3, et al

Golden Rule Insurance Company by Steven L. Pollack, President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3, et al = 59.06
C-006.3, et al = 59.14

2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.

3. The number of words contained in the text is: P-006.3, et al = 17,116
C-006.3, et al = 17,234

4. The numbers used in arriving at the above scores were:

Form #	<u>P-006.3, et al</u>	<u>C-006.3, et al</u>
Syllables	<u>27,303</u>	<u>27,497</u>
Words	<u>17,116</u>	<u>17,234</u>
Sentences	<u>1,354</u>	<u>1,368</u>

5. All text has been included in arriving at the above score(s), except for the following: Headings, defined terms, medical terminology and table of contents.

6. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #5 above.

7. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All states.

8. The above form(s) will be used in:

individual health insurance

individual life insurance

group health insurance

group life insurance

DEC 12 2007

Date



Steven L. Pollack
President

Golden Rule®

A UnitedHealthcare Company

February 12, 2008

Rosalind Minor
Life, A&H, Annuities
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Dear Ms. Minor

Subject: Golden Rule Insurance Company
NAIC Company No.: 62286
FEIN #37-6028756
Request for Group Health Approval
Matrix Form: MGR04221 - Arkansas Endorsement
SERFF Filing Number: AMMS - 125483966

The enclosed matrix paragraph is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to issue these forms in conjunction with previously approved policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group, the Federation of American Consumers and Travelers.

Incorporation of this matrix paragraph is intended to document Golden Rule's compliance with recently amended Illinois 50 IAC Part 2020. Golden Rule's right to reimbursement from any third party will be limited to the extent of benefits we paid for the illness or injury. This revision will be incorporated in the Illinois base policy/certificate and will therefore be issued to all certificateholders insured under the policies, regardless of their state of residence.

The current Arkansas Endorsement deletes the Reimbursement provision in its entirety and replaces it with a condensed provision previously approved by your Department. We have included revised matrix paragraphs for the Arkansas Endorsement to incorporate these same modifications being made to the base policy/certificate since they are in the best interest of the insured.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

Golden Rule Insurance Company
712 Eleventh Street
Lawrenceville, Illinois 62439
(618) 943-8000
www.goldenrule.com

Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, Indiana 46278-1719
(317) 297-4123
www.goldenrule.com

Rosalind Minor
Page 2
February 12, 2008

If you should have any questions concerning this filing, please feel free to contact Policy Compliance collect at (317) 297-0358 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Thank you for your time and attention to this filing. I look forward to your reply.

Sincerely,

A handwritten signature in cursive script that reads "Debra L. Paris".

Debra L. Paris, FLMI, HIA
Manager
Policy Compliance

Golden Rule[®]

Golden Rule Insurance Company

National City Bank, Indiana
Indianapolis, Indiana

Golden Rule Insurance Company

20-6
740

Home Office
Golden Rule Building
712 Eleventh Street
Lawrenceville, Illinois 62439

NUMBER **3371707**
0003371707

DATE **JANUARY 16, 2008**

ARKANSAS INSURANCE DEPARTMENT

**PAY
TO THE
ORDER OF**

PAY***50.00**

FIFTY AND 00/100

DOLLARS

FOR FORMS FILING FEES

Handwritten signature: Alan W. Oberlander

⑈ 3371707⑈ ⑆ 074000065⑆ 300003228⑈