

SERFF Tracking Number: AMMS-125599525 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 38765
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: SA-S-1373
Project Name/Number: SA-S-1373/SA-S-1373

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: SA-S-1373

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Filing Type: Form

SERFF Tr Num: AMMS-125599525 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Pat Allison

Date Submitted: 04/22/2008

State Tr Num: 38765

State Status: Withdrawn

Reviewer(s): Rosalind Minor

Disposition Date: 04/30/2008

Disposition Status: Withdrawn

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SA-S-1373

Project Number: SA-S-1373

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our domiciliary state of Indiana on 4/15/08.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Deemer Date:

Company and Contact

Filing Contact Information

Debra Paris, Manager

7440 Woodland Drive

dlparis@goldenrule.com

(317) 297-0358 [Phone]

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Indianapolis, IN 46278-1719 (317) 328-9645[FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
7440 Woodland Drive Group Code: 707 Company Type: Life and Health
Indianapolis, IN 46278 Group Name: State ID Number:
(317) 297-0358 ext. [Phone] FEIN Number: 37-6028756

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Check submitted via overnight delivery.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$0.00	04/22/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3392483	\$50.00	03/24/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor	04/30/2008	04/30/2008

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	04/29/2008	04/29/2008			
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Notification of Withdrawal	Note To Reviewer	Pat Allison	04/30/2008	04/30/2008

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Disposition

Disposition Date: 04/30/2008

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-125599525 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Withdrawn	Yes
Supporting Document	Application	Withdrawn	Yes
Supporting Document	Copy of Filing Fee Check	Withdrawn	Yes
Supporting Document	Cover Letter	Withdrawn	Yes
Form	Pregnancy Expense Benefits Rider	Withdrawn	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/29/2008
Submitted Date 04/29/2008
Respond By Date

Dear Debra Paris,

This will acknowledge receipt of the captioned filing.

Objection 1

- Pregnancy Expense Benefits Rider (Form)

Comment: Do the policies to which this rider will be attached provide coverage for In-Vitro Fertilization? If not In-vitro must be a covered benefit as outlined under ACA 23-86-118 and Rule 1.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

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Note To Reviewer

Created By:

Pat Allison on 04/30/2008 01:20 PM

Subject:

Notification of Withdrawal

Comments:

Dear Ms. Minor:

We are hereby withdrawing this filing. This form was submitted to your Department in error. Please excuse our mistake and any resulting inconvenience.

Sincerely,
Debra Paris

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Form Schedule

Lead Form Number: SA-S-1373

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn	SA-S-1373	Policy/Cont	Pregnancy Expense ract/Fratern Benefits Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			SA-S-1373 Form.pdf

PREGNANCY EXPENSE BENEFITS RIDER

By attachment of this rider, the *policy/certificate* is amended as follows:

We will pay the benefits described below for expenses incurred by *you* or *your covered spouse* for care at a *hospital* or licensed birthing center or for an obstetrical procedure which:

- A. Result from *your spouse's* or *your pregnancy*; and
- B. Are incurred while *your* insurance is in force under the *policy/certificate*.

We will also pay the benefits described below for expenses incurred at a *hospital* or licensed birthing center for the routine care of *your* or *your covered spouse's* newborn child. Payment of these benefits is not dependent on whether the newborn child is a *covered person* from the moment of its birth, as these benefits are:

- A. For routine care; and
- B. Not for expenses related to any *illness* or *injury*.

The amount payable under this rider for one *pregnancy* will not exceed the benefit limit, shown in Section 1, for the *benefit year* in which the *pregnancy* ends. As used in these benefits, "*benefit year*" means a period of twelve consecutive months, the first of which will begin with the date this rider takes effect.

Benefits

For expenses incurred as a result of one *pregnancy*, the total benefit will be the sum of (A) and (B) below:

- A. For *you* or *your covered spouse* (the mother):
 1. The charges made by the *hospital* or licensed birthing center for room and board and general nursing services, but not more for any day than the Daily Hospital Room and Board Limit;
 2. The charges made by the *hospital* or licensed birthing center for other necessary services (exclusive of professional services), supplies (exclusive of the cost of blood or blood plasma) and treatments;
 3. The charges made for the administration of an anesthetic;
 4. The charges made for professional ambulance service to a *hospital* or licensed birthing center where necessary *emergency* care or treatment can be rendered;
 5. The charge made for an obstetrical procedure performed by:
 - (a) A *doctor*; or
 - (b) A certified nurse-midwife or midwife licensed by the state and acting within the scope of his or her license; and
- B. For the newborn child, the charges made by the *hospital* or licensed birthing center for:
 1. Room and board or general nursery services provided to the child during the period of the mother's confinement, but not to exceed the 10 day period following its birth; and
 2. The use of an operating room or delivery room in connection with the circumcision of the child during the 10 day period following its birth.
 3. Services and supplies which are routinely provided by the *hospital* or licensed birthing center to persons for use only while they are *inpatients*.

Exclusions and Limitations

No payments will be made under this rider for expenses:

- A. Resulting from a *pregnancy* which is found by a *doctor* to have begun prior to the date the *covered person's* insurance under this rider took effect;
- B. For *complications of pregnancy*, or any other *covered expense* under any benefit provision of the *policy*; or,

PREGNANCY EXPENSE BENEFITS RIDER (Continued)

C. Which are excluded by the Exclusions and Limitations of the *policy/certificate*.

This rider will not change, waive or extend any part of the *policy/certificate*, other than as stated herein.

This rider is effective at the same time as the *policy/certificate*, unless a later date is shown below.

Golden Rule Insurance Company

A handwritten signature in black ink that reads "Patrick F. Carr". The signature is written in a cursive style with a large initial "P".

Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice

Review Status:

Withdrawn

04/30/2008

Comments:

Attachment:

C006.3 P006.3 Readability 42008.pdf

Bypassed -Name: Application

Review Status:

Withdrawn

04/30/2008

Bypass Reason: Not applicable

Comments:

Satisfied -Name: Copy of Filing Fee Check

Review Status:

Withdrawn

04/30/2008

Comments:

Attachment:

SAS1373 Check.pdf

Satisfied -Name: Cover Letter

Review Status:

Withdrawn

04/30/2008

Comments:

Attachment:

SA-S-1373 Flg Ltr Electronic.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

APR 19 2008

Date



Steven L. Pollack
President

Golden Rule®

Golden Rule Insurance Company

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

Golden Rule Insurance Company

National City Bank, Indiana
Indianapolis, Indiana

20-6
740

NUMBER 3392483
0003392483

DATE MARCH 24, 2008

ARKANSAS INSURANCE DEPARTMENT

**PAY
TO THE
ORDER OF**

PAY*****50.00

FIFTY AND 00/100 ----- DOLLARS

April 22, 2008

Rosalind Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Dear Ms. Minor:

Subject: Golden Rule Insurance Company
N.A.I.C. Company No.: 62286
FEIN: 37-6028756
Filing for Group Health Approval
Rider Form: SA-S-1373 Optional Maternity Benefits
SERFF Tracking No.: AMMS - 125599525

The attached rider amendment is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule currently intends to offer this optional benefit 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 (F.A.C.T.). This benefit will be offered in conjunction with the current coverage that is marketed through licensed and appointed employee producers and independent brokers in face to face meetings, by telephone, and/or via the Internet.

Golden Rule currently offers the optional maternity benefit to certificateholders in conjunction with plans available in your state. Of course, complications of pregnancy, as defined in the policy/certificate, will continue to be considered a covered medical expense. This rider will provide covered expenses for services and supplies routinely provided in conjunction with a routine or normal pregnancy.

For our currently marketed products, the referenced rider will replace the current rider GRI-HS-6a, which was approved by your Department on November 10, 1981. The language of the rider is being updated to reflect Golden Rule's current administrative practices, including expanding covered expenses to include charges incurred at licensed birthing centers and services provided by a certified nurse-midwife or licensed midwife.

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

Rosalind Minor
Page 2
April 22, 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
Manager
Policy Compliance