

SERFF Tracking Number: AMMS-126333587 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 43702  
Company Tracking Number: SA-S-1459  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: Individual  
Project Name/Number: SA-S-1459/SA-S-1459

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Individual

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: AMMS-126333587 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43702

Co Tr Num: SA-S-1459

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Pat Allison, Anna Ferrell

Disposition Date: 10/12/2009

Date Submitted: 10/07/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: SA-S-1459

Project Number: SA-S-1459

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/12/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/12/2009

Created By: Pat Allison

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pat Allison

Filing Description:

Please see cover letter.

## Company and Contact

### Filing Contact Information

Anna Ferrell, Contract Analyst

7440 Woodland Drive

Indianapolis, IN 46278-1719

ALFERRELL@goldenrule.com

800-926-7602 [Phone] 7057 [Ext]

317-328-9645 [FAX]

### Filing Company Information

<i>SERFF Tracking Number:</i>	AMMS-126333587	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Golden Rule Insurance Company	<i>State Tracking Number:</i>	43702
<i>Company Tracking Number:</i>	SA-S-1459		
<i>TOI:</i>	H16I Individual Health - Major Medical	<i>Sub-TOI:</i>	H16I.005C Individual - Other
<i>Product Name:</i>	Individual		
<i>Project Name/Number:</i>	SA-S-1459/SA-S-1459		
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:	\$35.00
Retaliatory?	No
Fee Explanation:	\$35 per form x 1 form = \$35 Paid via EFT.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$35.00	10/07/2009	31104553

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/12/2009	10/12/2009

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## Disposition

Disposition Date: 10/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Arkansas Mental Disorder and Substance Abuse Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: SA-s-1459

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 10/12/2009	SA-S-1459	Policy/Cont ract/Fratern al	Arkansas Mental Disorder and Substance Abuse Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial			SA-S-1459 AR Mental- Substance Abuse Form.pdf

## ARKANSAS MENTAL DISORDER AND SUBSTANCE ABUSE RIDER

This rider is effective [on October 3, 2009, or at the same time as the *policy/certificate*, whichever is later].

Charges incurred by a *covered person* for diagnosis and treatment and for diagnosis and treatment of *mental disorders* and *substance abuse* will be considered *covered expenses* to the same extent as expenses incurred for any other *illness*. Benefits for these *covered expenses* will be subject to all the terms, conditions, exclusions, and limitations of the [*policy/certificate*], including any applicable *deductible amounts*, coinsurance, notification requirements, or maximum dollar limits.

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

**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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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	10/12/2009
<b>Bypass Reason:</b>	Please see readability statement in cover letter.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	10/12/2009
<b>Bypass Reason:</b>	Does not apply to this filing.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	10/12/2009
<b>Bypass Reason:</b>	Does not apply to this rider filing.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	10/12/2009
<b>Comments:</b>			
<b>Attachment:</b>			
SA-S-1459 Indiv Flg Ltr Electronic.pdf			

October 7, 2009

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

Dear Ms. Minor:

Subject: Golden Rule Insurance Company  
NAIC Company No.: 62286  
Request for Individual Health Approval  
Form: SA-S-1459 - Arkansas Mental Disorder and Substance Abuse Rider

The enclosed rider is submitted for your review and approval. Golden Rule intends to issue this rider to provide the benefits mandated by 2009 AR H.B. 2195. There will not be new rates associated with this rider.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. When added to a policy, the entire policy, including this rider, will achieve a Flesch score higher than the required 40.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance at 800-926-7602 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: [alferrell@goldenrule.com](mailto:alferrell@goldenrule.com).

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

Sincerely,



Anna Ferrell  
Contract Analyst  
Policy Compliance