

SERFF Tracking Number: AMMS-126019942 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 41498  
Company Tracking Number: MGR04318  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO  
Product Name: MGR04318  
Project Name/Number: MGR04318/MGR04318

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: MGR04318

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AMMS-126019942 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: MGR04318

Co Status:

Author: Pat Allison

Date Submitted: 02/09/2009

State Tr Num: 41498

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: MGR04318

Project Number: MGR04318

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/12/2009

Deemer Date:

Filing Description:

Subject: Golden Rule Insurance Company

NAIC Company No.: 62286

FEIN #37-6028756

Request for Group Health Approval

Matrix Forms: MGR04318 et al

The enclosed matrix paragraphs are submitted for your review and approval for use with our existing portfolio of group

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: Submitted to our domiciliary state of Indiana on 2/4/2009.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 02/12/2009

Corresponding Filing Tracking Number:

<i>SERFF Tracking Number:</i>	<i>AMMS-126019942</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>41498</i>
<i>Company Tracking Number:</i>	<i>MGR04318</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
<i>Product Name:</i>	<i>MGR04318</i>		
<i>Project Name/Number:</i>	<i>MGR04318/MGR04318</i>		

health forms. Golden Rule intends to issue these forms in conjunction with previously approved policy and certificate forms 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. The incorporation of these matrix paragraphs is intended to provide Golden Rule an alternative for purposes of establishing the reimbursement amount for non-network providers.

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

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.

## 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]

### 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:	\$385.00
Retaliatory?	Yes
Fee Explanation:	\$35 X 11 = \$385
	Paid via EFT
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$385.00	02/09/2009	25589669

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2009	02/12/2009

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## Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>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>Form</b>	Definitions	Approved-Closed	Yes
<b>Form</b>	Definitions	Approved-Closed	Yes
<b>Form</b>	Definitions	Approved-Closed	Yes
<b>Form</b>	Definitions	Approved-Closed	Yes
<b>Form</b>	General Benefits	Approved-Closed	Yes
<b>Form</b>	Definitions	Approved-Closed	Yes
<b>Form</b>	General Benefits	Approved-Closed	Yes
<b>Form</b>	General Benefits	Approved-Closed	Yes
<b>Form</b>	General Benefits	Approved-Closed	Yes
<b>Form</b>	Hospice Expense Benefits	Approved-Closed	Yes
<b>Form</b>	General Exclusions and Limitations	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** MGR04318

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MGR04318	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04318 Form.pdf
Approved-Closed	MGR04319	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04319 Form.pdf
Approved-Closed	MGR04320	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04320 Form.pdf
Approved-Closed	MGR04321	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen	Initial		59	MGR04321 Form.pdf

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t, Insert  
 Page,  
 Endorseme  
 nt or Rider

Approved- Closed	MGR04322	Policy/Cont General Benefits ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	59	MGR04322 Form.pdf
Approved- Closed	MGR04287	Policy/Cont Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	59	MGR04287 Form.pdf
Approved- Closed	MGR04288	Policy/Cont General Benefits ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	59	MGR04288 Form.pdf
Approved- Closed	MGR04289	Policy/Cont General Benefits ract/Fratern al Certificate: Amendmen t, Insert Page,	Initial	59	MGR04289 Form.pdf

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Endorsement or Rider

Approved- Closed	MGR04290	Policy/Cont General Benefits ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	59	MGR04290 Form.pdf
Approved- Closed	MGR04291	Policy/Cont Hospice Expense ract/Fraternal Benefits Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	59	MGR04291 Form.pdf
Approved- Closed	MGR04292	Policy/Cont General Exclusions ract/Fraternal and Limitations Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	59	MGR04292 Form .pdf



## DEFINITIONS

[In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning.

Wherever used in the *policy/certificate*:]

"*Network*" means a group of *doctors* and providers who have contracts that include an agreed upon price for health care expenses.

## DEFINITIONS

[In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning.

Wherever used in the *policy/certificate*:]

"*Network eligible expense*" means the *eligible expense* for services or supplies that are provided by a *network provider*. For facility services, this is the *eligible expense* that is provided at and billed by a *network* facility for the services of either a *network* or *non-network provider*. *Network eligible expense* includes benefits for emergency health services even if not provided by a *network provider*.

## DEFINITIONS

[In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning.

Wherever used in the *policy/certificate*:]

"*Network provider*" means a *doctor* or provider who is identified [in the most current list for the *network* shown on the front of *your* identification card.]

## DEFINITIONS

[In the *policy/certificate*, *italicized* words are defined. Words not *italicized* will be given their ordinary meaning.

Wherever used in the *policy/certificate*:]

"*Non-network eligible expense*" means the *eligible expense* for services or supplies that are provided and billed by a *non-network provider*.

## GENERAL BENEFITS

**AMOUNT PAYABLE:** The total amount payable for each *covered person* under the *policy* will not exceed the lifetime maximum benefit limit as shown [in Section 1.]

We will pay the applicable *coinsurance* in excess of the applicable *deductible amount(s)* and *copayment amount(s)* for a service or supply that:

- (A) Qualifies as a *covered expense* under one or more benefit provision(s); and
- (B) Is received while the *covered person's* insurance is in force under the *policy* if the charge for the service or supply qualifies as an *eligible expense*.

The amount payable will be subject to:

- (A) Any specific benefit limits stated in the *policy*; and
- (B) Reduction for expenses incurred at a *non-network provider*; and
- (C) The *eligible expense*.

The applicable *deductible amount(s)*, *coinsurance percentage* and *copayment amount(s)* are shown [in Section 1.]

## [DEFINITIONS]

"*Eligible expense*" means a *covered expense* as determined below.

(A) For *network providers* (excluding Transplant Benefits) :

(1) When a *covered expense* is received from a *network provider*, the *eligible expense* is the contracted fee with that provider.

(B) For non-*network providers* of *emergency services*:

(1) When a *covered expense* is received from a non-*network provider* as a result of an *emergency* or as otherwise approved by *us*, the *eligible expense* is the lesser of the billed charge or a lower amount negotiated with the provider [or authorized by state law].

(2) When a *covered expense* is received from a non-*network provider* because the service or supply is not of a type provided by any *network provider*, the *eligible expense* is the lesser of the billed charge or a lower amount negotiated with the provider [or authorized by state law].

(C) Except as provided under (B) above, for non-*network providers* (excluding Transplant Benefits):

When a *covered expense* is received from a non-*network provider*, the *eligible expense* is determined based on [the lesser of]:

(1) [The fee charged by the provider for the services;

(2) The fee that has been negotiated with the provider;

(3) The fee established by *us* by comparing rates from one or more regional or national databases or schedules for the same or similar services from a geographical area determined by *us*;

(4) [110%] of the fee Medicare allows for the same or similar services provided in the same geographical area; or

(5) A fee schedule that *we* develop.]

## GENERAL BENEFITS

**Note:** The bill *you* receive for services or supplies from a *non-network provider* may be significantly higher than the *eligible expense*. In addition to the *deductible amount* [copayment and coinsurance,] *you* are responsible for the difference between the *eligible expense* and the amount the provider bills *you* for the services. Any amount *you* pay to the provider in excess of the *eligible expense* will not apply to *your deductible amount* or out-of-pocket maximum.

## GENERAL BENEFITS

**TRANSPLANT BENEFITS:** For expenses incurred for or related to organ or tissue transplants, the *eligible expense* is stated under the Transplant Expense Benefits provision in the *policy/certificate*.

## GENERAL BENEFITS

**NETWORK AVAILABILITY:** *Your network* is subject to change upon advance written notice. A *network* may not be available in all areas. If *you* move to an area where *we* are not offering access to a *network*, the *network* provisions of the *policy* will no longer apply. In that event, benefits will be calculated based on the *eligible expense* [subject to the *deductible amount* for *network providers*.] *You* will be notified of any increase in premium.

## HOSPICE EXPENSE BENEFITS

Benefits for *hospice inpatient* or outpatient care are available to a *terminally ill covered person* for one continuous period [up to 180 days] in a *covered person's* lifetime. For each day the *covered person* is confined in a *hospice*, benefits for room and board will not exceed:

- (A) For a *hospice* that is associated with a *hospital* or nursing home, the most common semiprivate room rate of the *hospital* or nursing home with which the *hospice* is associated; or
- (B) The lesser of the billed charge or [\$200] per day for *inpatient hospice* care not associated with a *hospital* or nursing home.

**[GENERAL EXCLUSIONS AND LIMITATIONS]**  
**[Applicable to All Benefits Except Life Insurance, If Any]**

[*Covered expenses* will not include, and no benefits will be paid for any charges which are incurred:]

- (A) For any portion of the charges which are in excess of the *eligible expense*;

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## Rate Information

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification

**Review Status:**

Approved-Closed

02/12/2009

**Comments:**

**Attachment:**

C006.3 P006.3 Readability 42008.pdf

**Bypassed -Name:** Application

**Review Status:**

Approved-Closed

02/12/2009

**Bypass Reason:** Does not apply to this filing.

**Comments:**

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