

SERFF Tracking Number: AMMS-126055684 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 41681
Company Tracking Number: MGR04316
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: MGR04316
Project Name/Number: MGR04316/MGR04316

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: MGR04316

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AMMS-126055684 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: MGR04316

Co Status:

Author: Pat Allison

Date Submitted: 03/02/2009

State Tr Num: 41681

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/03/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04316

Project Number: MGR04316

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/03/2009

Deemer Date:

Filing Description:

The enclosed forms are 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 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.

Paragraphs MGR04316 and MGR04317, will be issued when the certificateholder has selected optional supplemental

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/16/2009

Domicile Status Comments: Approved by our domiciliary state of Indiana on February 16, 2009.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 03/03/2009

Corresponding Filing Tracking Number:

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accident expense benefits with the purchase of one of Golden Rule's major medical plans. Rider amendment SA-S-1426 will be issued when the certificateholder has selected the optional benefit in conjunction with one of Golden Rule's Basic Hospital, Surgical, Medical Expense Benefit plans which do not typically cover outpatient medical expenses. To the best of my knowledge, these forms comply 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.

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$105.00
 Retaliatory? No
 Fee Explanation: \$35 per form X 3 forms=\$105
 Paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$105.00	03/02/2009	26049563

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/03/2009	03/03/2009

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Disposition

Disposition Date: 03/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Supplemental Accident Expense Benefits	Approved-Closed	Yes
Form	Supplemental Accident Expense Benefits	Approved-Closed	Yes
Form	Supplemental Accident Expense Benefits Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04316

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MGR04316	Policy/Cont	Supplemental ract/Fratern Accident Expense al Benefits Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04316 Form.pdf
Approved-Closed	MGR04317	Policy/Cont	Supplemental ract/Fratern Accident Expense al Benefits Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	MGR04317 Form.pdf
Approved-Closed	SA-S-1426	Policy/Cont	Supplemental ract/Fratern Accident Expense al Benefits Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	SA-S-1426 Gen 25 Supp. Acc. .pdf

SUPPLEMENTAL ACCIDENT EXPENSE BENEFITS

We will [pay up to \$2,500 - \$10,000 for *covered expenses*] shown in the Medical Expense Benefits provision which:

- (A) Result from an accidental *injury* while a *covered person's* insurance is in force; and
- (B) Are incurred within [90 days after the *injury*/{90 - 365} days following the *injury*, providing that the first *covered expense* is incurred within {60 - 90} days of the *injury*].

MGR04316

SUPPLEMENTAL ACCIDENT EXPENSE BENEFITS

Supplemental Accident Expense Benefits will be subject only to a {\$50 - \$500} deductible, per *covered person*, per accident and [will not/will] be applied toward the *policy/certificate deductible amount* [or/and] lifetime maximum benefit. *Covered expenses* incurred in excess of the {\$2,550 - \$10,500} maximum will be subject to all provisions of the *policy*, including but not limited to the *deductible amount* and *coinsurance percentage* applicable to *covered expenses* under the certificate in general.

MGR04317

SUPPLEMENTAL ACCIDENT BENEFITS RIDER

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

We will [pay up to \$2,500 - \$10,000 for *covered expenses*] specified below which:

- A. Result from an accidental *injury* while a *covered person's* insurance is in force; and
- B. Are incurred within [90 days after the *injury*/ {90 - 365} days following the *injury*, providing that the first *covered expense* is incurred within {60 - 90} days of the *injury*].

Supplemental Accident Expense Benefits shall be payable for:

- A. *Covered expenses* stated in the Medical Benefits under the section titled Charges Incurred in a Hospital; [and]
- B. *Covered expenses* stated in the Medical Benefits under the section titled Surgical Expenses; [and]
- C. [*Outpatient* charges:
 1. Made by a *hospital* for:
 - (a) Use of an operating, treatment or recovery room for surgery;
 - (b) *Emergency* treatment of an *injury* if confinement is not required; and
 - (c) Processing and administration of blood or blood components;
 2. Made by a *doctor* for professional services;
 3. For the professional services of a *medical practitioner*;
 4. For the professional services of a licensed physical therapist;
 5. For local professional ambulance service to a *hospital* where necessary *emergency* care or treatment is rendered;
 6. For dressings, sutures, casts, or other necessary medical supplies;
 7. For diagnostic testing using radiologic, ultrasonographic, or laboratory services (psychometric, behavioral and educational testing are not included); and
 8. For oxygen and other gases and their administration.]

Supplemental Accident Expense Benefits will be subject only to a {\$50 - \$500} deductible, per *covered person*, per accident and [will not/will] be applied toward the *policy/certificate deductible amount* [or/and] lifetime maximum benefit. *Covered expenses* incurred in excess of the {\$2,550 - \$10,500} maximum will be subject to all provisions of the policy, including but not limited to [the exclusion for outpatient expenses,] the *deductible amount* and *coinsurance percentage* applicable to *covered expenses* under the certificate in general.

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



Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Flesch Certification

Review Status:

Approved-Closed

03/03/2009

Comments:

Attachment:

C006.3 P006.3 Readability 42008.pdf

Bypassed -Name: Application

Review Status:

Approved-Closed

03/03/2009

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