

SERFF Tracking Number: AMMS-126069536 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 41770
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: MGR04323
Project Name/Number: MGR04323/MGR04323

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: MGR04323

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AMMS-126069536 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Pat Allison

Date Submitted: 03/11/2009

State Tr Num: 41770

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04323

Project Number: MGR04323

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/12/2009

Deemer Date:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our domiciliary state of Indiana on March 10, 2009.

Market Type: Group

Group Market Size: Small

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 03/12/2009

Corresponding Filing Tracking Number:

The enclosed matrix paragraphs 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.

To the best of my knowledge, these forms comply with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

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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? Yes
 Fee Explanation: \$35 X 3 forms = \$105
 Paid via EFT
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$105.00	03/11/2009	26330502

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/12/2009	03/12/2009

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Disposition

Disposition Date: 03/12/2009

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	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04323

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MGR04323	Policy/Cont Definitions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59	MGR04323 G25- UNPROVEN- form.pdf
Approved-Closed	MGR04324	Policy/Cont Definitions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59	MGR04324 G25- UNPROVEN form.pdf
Approved-Closed	MGR04325	Policy/Cont Definitions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59	MGR04325 G25- UNPROVEN 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*:]

Items (C) and (D) above do not apply to phase III or IV *USFDA* clinical trials.

"*Experimental or investigational treatment*" means medical, surgical, diagnostic or other health care services, treatments, procedures, technologies, supplies, devices, drug therapies or medications that, after consultation with a medical professional, we determine to be:

- (A) Under study in an ongoing phase I, or II clinical trial as set forth in the United States Food and Drug Administration ("*USFDA*") regulation, regardless of whether the trial is subject to *USFDA* oversight.
- (B) An *unproven service*;
- (C) Subject to *USFDA* approval, and:
 - (1) It does not have *USFDA* approval;
 - (2) It has *USFDA* approval only under its Treatment Investigational New Drug regulation or similar regulation; or
 - (3) It has *USFDA* approval, but is being used for an indication or at a dosage that is not an accepted off-label use. An accepted off-label use of a *USFDA*-approved drug is a use which we determine is:
 - (a) Included in authoritative compendia as identified from time to time by the Secretary of Health and Human Services;
 - (b) Safe and effective for the proposed use based on supportive clinical evidence in peer-reviewed medical publications; or
 - (c) Not an *unproven service*; or
 - (4) It has *USFDA* approval, but is being used for a use or to treat a condition that is not listed on the Premarket Approval issued by the *USFDA* or has not been determined through peer-reviewed medical literature to treat the medical condition of the *covered person*; or
- (D) Experimental or investigational according to the provider's research protocols.

DEFINITIONS

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

Wherever used in the *policy/certificate*:]

"*Unproven service(s)*" means services, including medications, which are determined not to be effective for treatment of the medical condition and/or not to have a beneficial effect on health outcomes due to insufficient and inadequate clinical evidence from *well-conducted randomized controlled trials* or *well-conducted cohort studies* in the prevailing published peer-reviewed medical literature.

- (A) "*Well-conducted randomized controlled trials*" means that two or more treatments are compared to each other, and the patient is not allowed to choose which treatment is received.
- (B) "*Well-conducted cohort studies*" means patients who receive study treatment are compared to a group of patients who receive standard therapy. The comparison group must be nearly identical to the study treatment group.

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

Experimental or Investigational Treatment or Unproven Services: *Covered expenses* will not include, and no benefits will be paid for any charges which are incurred for *experimental or investigational treatment(s)* or *unproven services*. The fact that an *experimental or investigational treatment* or *unproven service* is the only available treatment for a particular condition will not result in benefits if the procedure is considered to be an *experimental or investigational treatment* or *unproven service* for the treatment of that particular condition.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification

Review Status:

Approved-Closed

03/12/2009

Comments:

Attachment:

C006.3 P006.3 Readability 42008.pdf

Bypassed -Name: Application

Review Status:

Approved-Closed

03/12/2009

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