

<i>SERFF Tracking Number:</i>	<i>AMMS-126817051</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>46811</i>
<i>Company Tracking Number:</i>	<i>SA-S-1502 ET AL</i>		
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>Individual Health</i>		
<i>Project Name/Number:</i>	<i>PPACA for CNV/SA-S-1502</i>		

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Individual Health

TOI: H06 Health - Conversion

Sub-TOI: H06.000 Health - Conversion

Filing Type: Form

SERFF Tr Num: AMMS-126817051 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46811

Co Tr Num: SA-S-1502 ET AL

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Anna Ferrell, Lori Moline

Disposition Date: 10/06/2010

Date Submitted: 09/16/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PPACA for CNV

Project Number: SA-S-1502

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/06/2010

Status of Filing in Domicile: Pending

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: 10/06/2010

Created By: Lori Moline

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lori Moline

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

Forms: Patient Protection and Affordable Care Act Riders

From Nos.: SA-S-1502, Rider for Grandfathered Plans

SA-S-1504, Rider for Non-Grandfathered Plans

Submitted for your approval are rider forms SA-S-1502 and SA-S-1504, for use with Golden Rule's individual conversion busines in your state. These rider forms are intended to document Golden Rule's compliance with the requirements of the Federal Patient Proteciton and Affordable Care Act (PPACA).

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
 Company Tracking Number: SA-S-1502 ET AL  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: Individual Health  
 Project Name/Number: PPACA for CNV/SA-S-1502

Golden Rule intends to implement these rider forms as of the date required by the PPACA. Rider form SA-S-1502 is intended to be used with "Granfathered" policies as defined for purposes of the PPACA. Rider form SA-S-1504 will be used with "Non-Granfathered" policies as defined for purposes of the PPACA.

The appropriate filing fee required by your state is included in this filing.

To the best of my knowledge, this filing complies with the statutory and regulatory requirements of your state. If you have any questions regarding this filing, you may call me toll-free at 800-926-7602 extentions 77057, or you may e-mail me at alferrell@goldenrule.com.

## Company and Contact

### Filing Contact Information

Anna Ferrell, Contract Analyst ALFERRELL@goldenrule.com  
 7440 Woodland Drive 800-926-7602 [Phone] 7057 [Ext]  
 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:  
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: 2 forms x \$50.00 = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$100.00	09/16/2010	39567597

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
 Company Tracking Number: SA-S-1502 ET AL  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: Individual Health  
 Project Name/Number: PPACA for CNV/SA-S-1502

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/06/2010	10/06/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/30/2010	09/30/2010	Lori Moline	10/01/2010	10/01/2010

*SERFF Tracking Number:* AMMS-126817051      *State:* Arkansas  
*Filing Company:* Golden Rule Insurance Company      *State Tracking Number:* 46811  
*Company Tracking Number:* SA-S-1502 ET AL  
*TOI:* H06 Health - Conversion      *Sub-TOI:* H06.000 Health - Conversion  
*Product Name:* Individual Health  
*Project Name/Number:* PPACA for CNV/SA-S-1502

## **Disposition**

Disposition Date: 10/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
 Company Tracking Number: SA-S-1502 ET AL  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: Individual Health  
 Project Name/Number: PPACA for CNV/SA-S-1502

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Patient Protection and Affordable Care Act Rider	Approved-Closed	Yes
Form	Patient Protection and Affordable Care Act Rider	Approved-Closed	Yes
Form	Patient Protection and Affordable Care Act Rider	Approved-Closed	Yes

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
Company Tracking Number: SA-S-1502 ET AL  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: Individual Health  
Project Name/Number: PPACA for CNV/SA-S-1502

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/30/2010

Submitted Date 09/30/2010

Respond By Date

Dear Anna Ferrell,

This will acknowledge receipt of the captioned filing.

Objection 1

- Patient Protection and Affordable Care Act Rider, SA-S-1502 (Form)

Comment:

Form SA-S-1502 was not attached. The Flesch Certification was attached.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
 Company Tracking Number: SA-S-1502 ET AL  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: Individual Health  
 Project Name/Number: PPACA for CNV/SA-S-1502

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 10/01/2010  
 Submitted Date 10/01/2010

Dear Rosalind Minor,

### Comments:

In response to your objectin of 9/30/2010.

### Response 1

Comments: Attached is the correct form SA-S-1502 rider.

### Related Objection 1

Applies To:

- Patient Protection and Affordable Care Act Rider, SA-S-1502 (Form)

Comment:

Form SA-S-1502 was not attached. The Flesch Certification was attached.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Patient Protection and Affordable Care Act Rider	SA-S-1502		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.500	SA-S-1502 081910.pdf

No Rate/Rule Schedule items changed.

*SERFF Tracking Number:* AMMS-126817051      *State:* Arkansas  
*Filing Company:* Golden Rule Insurance Company      *State Tracking Number:* 46811  
*Company Tracking Number:* SA-S-1502 ET AL  
*TOI:* H06 Health - Conversion      *Sub-TOI:* H06.000 Health - Conversion  
*Product Name:* Individual Health  
*Project Name/Number:* PPACA for CNV/SA-S-1502

Thank you for bringing the issue to our attention.

Sincerely,  
Anna Ferrell, Lori Moline

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
 Company Tracking Number: SA-S-1502 ET AL  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: Individual Health  
 Project Name/Number: PPACA for CNV/SA-S-1502

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/06/2010	SA-S-1502	Policy/Cont ract/Fratern al	Patient Protection and Affordable Care Act Rider	Initial		50.500	ReadCert SAS1502.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 10/06/2010	SA-S-1504	Policy/Cont ract/Fratern al	Patient Protection and Affordable Care Act Rider	Initial		47.700	SA-S-1504 081910 NGF.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 10/06/2010	SA-S-1502	Policy/Cont ract/Fratern al	Patient Protection and Affordable Care Act Rider	Initial		50.500	SA-S-1502 081910.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

Certification of Reading Ease

RE: Form (s) SA-S-1502

\_\_\_\_\_  
\_\_\_\_\_

Golden Rule Insurance Company, by Michael L. Corne, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: 50.5

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. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.

4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.

5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All

6. The above form(s) will be used in:

individual health insurance

individual life insurance

group health insurance

group life insurance

September 13, 2010  
Date



Michael L. Corne  
Vice President Health Products

## PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is effective [on January 1, 2011, or at the same time as the *policy*, whichever is later].

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

- A. The definition of "*eligible child*" is amended to:
  - 1. Continue coverage for a child until the child's 26th birthday; and
  - 2. Remove any requirement that a child must be unmarried.
- B. As used in *your policy*, the term "*emergency*" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
  - 1. Placing the health of the *covered person* (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - 2. Serious impairment to bodily functions; or
  - 3. Serious dysfunction of any bodily organ or part.
- C. In the Amount Payable provision, the lifetime maximum benefit limit (which is shown in the *policy's* Data Page) is deleted.
- D. The Benefit Limit Increase provision, if included in *your policy*, is deleted.
- E. If the *policy* has a lifetime maximum dollar limit for *mental disorders* or mental or nervous disorders, including *substance abuse*, that limit is deleted. The dollar limit per outpatient visit, if included in *your policy*, is also deleted.
- F. If the *policy* has an annual maximum dollar limit for spine and back disorders, that limit is deleted.
- G. If the *policy* has an annual maximum dollar limit for outpatient prescription drugs, that limit is deleted.
- H. If the *policy* has an annual maximum dollar limit for *emergency room charges*, that limit is deleted.
- I. If the *policy* has an annual maximum dollar limit for *rehabilitation* and *extended care facility* expense benefits, that limit is deleted.
- J. RESCISSIONS: No misrepresentation of fact made regarding a *covered person* during the application process that relates to insurability will be used to void/rescind the insurance coverage or deny a claim unless:
  - 1. The misrepresented fact is contained in a written application, including amendments, signed by a *covered person*;
  - 2. A copy of the application, and any amendments, has been furnished to the *covered person(s)*, or to their beneficiary; and
  - 3. The misrepresentation of fact was intentionally made and material to *our* determination to issue coverage to any *covered person*.

A *covered person's* coverage will be voided/rescinded and claims denied if that person performs an act or practice that constitutes fraud.
- K. In the Preexisting Conditions Limitations section or the Preexisting Conditions section of the *policy*, the exclusion period does not apply to a covered *dependent* less than age 19 years.
- L. *Covered expenses* under the *policy* are amended to the extent necessary to include the charges incurred by a *covered person* for the following preventive health services if appropriate for that *covered person* in accordance with the following recommendations and guidelines [in effect as of March 23, 2010]:
  - 1. Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.

## PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (Continued)

2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to an individual.
3. Evidence-informed preventive care and screenings for infants, children, and adolescents, in accordance with comprehensive guidelines supported by the Health Resources and Services Administration.
4. Additional preventive care and screenings not included in L.1 above, in accordance with comprehensive guidelines supported by the Health Resources and Services Administration for women.

Benefits for the preventive health services listed under paragraph L above are exempt from any [*deductible amounts/stated deductibles, coinsurance provisions and copayment amounts*] under the *policy* when the services are provided by a *preferred provider* or *network provider* (whichever is defined in *your policy*).

As new recommendations and guidelines are issued, those services will be considered *covered expenses* when required by [the United States Secretary of Health and Human Services], but not earlier than one year after the recommendation or guideline is issued.

Any provision in the *policy*, or in a rider/amendment attached to the *policy*, that conflicts with this rider is amended to conform to this rider only to the extent of the conflict.

This rider does not change, waive or extend any part of the *policy*, 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**

## PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is effective [on January 1, 2011, or at the same time as the *policy*, whichever is later].

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

- A. The definition of "*eligible child*" is amended to:
  - 1. Continue coverage for a child until the child's 26th birthday; and
  - 2. Remove any requirement that a child must be unmarried.
- B. As used in *your policy*, the term "*emergency*" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
  - 1. Placing the health of the *covered person* (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - 2. Serious impairment to bodily functions; or
  - 3. Serious dysfunction of any bodily organ or part.
- C. In the Amount Payable provision, the lifetime maximum benefit limit (which is shown in the *policy's* Data Page) is deleted.
- D. The Benefit Limit Increase provision, if included in *your policy*, is deleted.
- E. If the *policy* has a lifetime maximum dollar limit for *mental disorders* or mental or nervous disorders, including *substance abuse*, that limit is changed to a calendar year limit in the same dollar amount. For example, if the *policy* has a \$3,000 lifetime maximum benefit limit for *mental disorders* or mental or nervous disorders, that limit is changed to \$3,000 per calendar year.
- F. RESCISSIONS: No misrepresentation of fact made regarding a *covered person* during the application process that relates to insurability will be used to void/rescind the insurance coverage or deny a claim unless:
  - 1. The misrepresented fact is contained in a written application, including amendments, signed by a *covered person*;
  - 2. A copy of the application, and any amendments, has been furnished to the *covered person(s)*, or to their beneficiary; and
  - 3. The misrepresentation of fact was intentionally made and material to *our* determination to issue coverage to any *covered person*.

A *covered person's* coverage will be voided/rescinded and claims denied if that person performs an act or practice that constitutes fraud.

Any provision in the *policy*, or in a rider/amendment attached to the *policy*, that conflicts with this rider is amended to conform to this rider only to the extent of the conflict.

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

Golden Rule Insurance Company



Secretary

SERFF Tracking Number: AMMS-126817051 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46811  
 Company Tracking Number: SA-S-1502 ET AL  
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
 Product Name: Individual Health  
 Project Name/Number: PPACA for CNV/SA-S-1502

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> ReadCert SAS1502.pdf ReadCert SAS1504.pdf	Approved-Closed	10/06/2010
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable to this filing <b>Comments:</b>	Approved-Closed	10/06/2010
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not Applicable to this filing. <b>Comments:</b>	Approved-Closed	10/06/2010
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Will be filed separately. <b>Comments:</b>	Approved-Closed	10/06/2010
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary <b>Comments:</b> <b>Attachment:</b>	Approved-Closed	10/06/2010

*SERFF Tracking Number:* AMMS-126817051      *State:* Arkansas  
*Filing Company:* Golden Rule Insurance Company      *State Tracking Number:* 46811  
*Company Tracking Number:* SA-S-1502 ET AL  
*TOI:* H06 Health - Conversion      *Sub-TOI:* H06.000 Health - Conversion  
*Product Name:* Individual Health  
*Project Name/Number:* PPACA for CNV/SA-S-1502  
Final\_PPACA\_UniformComplianceSummary Std CV.pdf

Certification of Reading Ease

RE: Form (s) SA-S-1502

\_\_\_\_\_  
\_\_\_\_\_

Golden Rule Insurance Company, by Michael L. Corne, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: 50.5

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. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.

4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.

5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All

6. The above form(s) will be used in:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> individual health insurance | <input type="checkbox"/> individual life insurance |
| <input type="checkbox"/> group health insurance                 | <input type="checkbox"/> group life insurance      |

September 13, 2010  
Date



Michael L. Corne  
Vice President Health Products

Certification of Reading Ease

RE: Form (s) SA-S-1504

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\_\_\_\_\_

Golden Rule Insurance Company, by Michael L. Corne, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: 47.7

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. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.

4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.

5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All

6. The above form(s) will be used in:

individual health insurance

individual life insurance

group health insurance

group life insurance

September 13, 2010  
Date



\_\_\_\_\_  
Michael L. Corne  
Vice President Health Products

## PPACA Uniform Compliance Summary

**Please select the appropriate check box below to indicate which product is amended by this filing.**

**INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)

**SMALL / LARGE GROUP HEALTH BENEFIT PLANS** (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p><b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b>, please explain.</p>
	Explanation:			
	Page Number:			
	<p><b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b>, please explain.</p>
	Explanation:			
	Page Number:			
	<p><b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b>, please explain.</p>
	Explanation:			
	Page Number:			