

SERFF Tracking Number: AMMS-126838756 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 46937
Company Tracking Number: SA-S-1512
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: SA-S-1512/SA-S-1512

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

TOI: H16G Group Health - Major Medical

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

Filing Type: Form

SERFF Tr Num: AMMS-126838756 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46937

Co Tr Num: SA-S-1512

Authors: Pat Allison, Deb Paris

Date Submitted: 09/30/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 10/08/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: SA-S-1512

Project Number: SA-S-1512

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/08/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 10/08/2010

Created By: Pat Allison

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pat Allison

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

Filing Description:

The enclosed rider amendments are submitted for your review and approval for use with Golden Rule Insurance Company's existing certificates delivered in your state to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group.

These rider forms are intended to document Golden Rule's compliance with the requirements of the Federal Patient Protection and Affordable Care Act (PPACA). Rider amendment SA-S-1513 will amend grandfathered plans issued prior to March 24, 2010. Rider amendment SA-S-1512 will be issued in conjunction with non-grandfathered plans, as defined for the purposes of the PPACA.

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To the best of my knowledge, these forms 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 at (800) 926-7602 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 acknowledgement.

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
 7440 Woodland Drive 800-926-7602 [Phone] 7771 [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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 2 forms = \$100
 Paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$100.00	09/30/2010	40036379

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/08/2010	10/08/2010

SERFF Tracking Number: AMMS-126838756 *State:* Arkansas
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Disposition

Disposition Date: 10/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	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

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Form Schedule

Lead Form Number: SA-S-1512

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/08/2010	SA-S-1512	Policy/Cont ract/Fratern al	Patient Protection and Affordable Care Act Rider	Initial		0.000	SA-S-1512 form 2.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 10/08/2010	SA-S-1513	Policy/Cont ract/Fratern al	Patient Protection and Affordable Care Act Rider	Initial		0.000	SA-S-1513 form 2.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is effective [at the same time as the *policy/certificate* (for plans issued on or after 9/23/10) / on January 1, 2011 (for plans issued 3/23/10 to 9/22/10) / on XX/XX/XX (for grandfathered plans that become non-grandfathered plans)].

By the attachment of this rider, the *policy/certificate* 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/certificate*, 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/certificate's* Data Page) is deleted.
- D. If the *policy/certificate* 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/certificate*, is also deleted.
- E. If the *policy/certificate* has an annual maximum dollar limit for spine and back disorders, that limit is deleted.
- F. If the *policy/certificate* has an annual maximum dollar limit for outpatient prescription drugs, that limit is deleted.
- G. If the *policy/certificate* has an annual maximum dollar limit for *emergency* room charges, that limit is deleted.
- H. If the *policy/certificate* has an annual maximum dollar limit for *rehabilitation* and *extended care facility* expense benefits, that limit is deleted.
- I. RESCISSIONS: *We* may not rescind *your* certificate based on a misrepresentation by *you* unless *you* have performed an act or practice that constitutes fraud, or made an intentional misrepresentation of material fact, as prohibited by the terms of the *policy/certificate*.

We must provide at least 30 days advance written notice before *your* certificate may be rescinded. *You* have the right to appeal any such rescission.
- J. In the Preexisting Conditions Limitations section or the Preexisting Conditions section of the *policy/certificate*, the exclusion period does not apply to a covered *dependent* less than age 19 years.
- K. *Covered expenses* under the *policy/certificate* 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.
 - 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.

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (Continued)

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 K.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 K above are exempt from any *deductible amounts*, coinsurance provisions and *copayment amounts* under the *policy/certificate* when the services are provided by a *preferred provider*.

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/certificate*, or in a rider/amendment attached to the *policy/certificate*, 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/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, flowing style.

Secretary

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is effective on January 1, 2011.

By the attachment of this rider, the *policy/certificate* 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/certificate*, 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/certificate's* Data Page) is deleted.
- D. If the *policy/certificate* 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/certificate* 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.
- E. RESCISSIONS: *We* may not rescind *your* certificate based on a misrepresentation by *you* unless *you* have performed an act or practice that constitutes fraud, or made an intentional misrepresentation of material fact, as prohibited by the terms of the *policy/certificate*.

We must provide at least 30 days advance written notice before *your* certificate may be rescinded. *You* have the right to appeal any such rescission.

Any provision in the *policy/certificate*, or in a rider/amendment attached to the *policy/certificate*, 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/certificate*, other than as stated herein.

Golden Rule Insurance Company



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: C006.3 P006.3 Readability 3 2010.pdf	Approved-Closed	10/08/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Does not apply to this filing. Comments:	Approved-Closed	10/08/2010

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary Comments: Attachment: SA-S-1512 C-006.3 PPACA Uniform Compliance SummaryviewFilingAttachment.pdf	Approved-Closed	10/08/2010

Certification of Reading Ease

RE: Form (s) P-006.3 et al

C-006.3 et al

Golden Rule Insurance Company, by Julie Vanstraten, 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: 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. 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 type="checkbox"/> individual health insurance	<input type="checkbox"/> individual life insurance
<input checked="" type="checkbox"/> group health insurance	<input type="checkbox"/> group life insurance

March 16, 2010
Date



Julie Vanstraten
Vice President, General Counsel

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
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<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 no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits 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 no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – 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 no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – 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 no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – 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 no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – 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 no , please explain.
	<p>Emergency Services – 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 no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – 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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – 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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

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

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – 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 no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – 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 no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , 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
	Preventive Services – 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 no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – 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 [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – 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 no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, 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>Emergency Services – 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>	<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</p> <p>If no, please explain.</p>
	<p>Access to Pediatricians – 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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – 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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>