

SERFF Tracking Number: AMMS-126499933 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 44893
Company Tracking Number: MGR04383
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04383/MGR04383

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-126499933 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44893

Co Tr Num: MGR04383

Authors: Pat Allison, Deb Paris

Date Submitted: 02/17/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/17/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: MGR04383

Project Number: MGR04383

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/17/2010

Deemer Date:

Submitted By: Pat Allison

Filing Description:

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 policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group.

Incorporation of these matrix paragraphs is intended to document Golden Rule's compliance with Illinois Senate Bill 2652. The Definitions and Medical Benefits provisions will be revised to incorporate Illinois-mandated benefits for customized orthotic devices and prosthetic devices. The current benefit has also been modified, MGR04388, as a result

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our
domiciliary state of Indiana on February 15,
2010.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 02/17/2010

Created By: Pat Allison

Corresponding Filing Tracking Number:

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of the additional mandate. These benefits will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence. Incorporation of these Illinois mandates will not affect additional state specific benefits provided via the state-specific endorsement issued to residents of states other than Illinois.

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 at 1-800-926-7602 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

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: \$140.00
 Retaliatory? Yes
 Fee Explanation: \$35 per form x 4 forms=\$140
 Paid via EFT
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$140.00	02/17/2010	34245653

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/17/2010	02/17/2010

SERFF Tracking Number: AMMS-126499933 *State:* Arkansas
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Disposition

Disposition Date: 02/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126499933

State: Arkansas

Filing Company: Golden Rule Insurance Company

State Tracking Number: 44893

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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
Form	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Medical Benefits	Approved-Closed	Yes
Form	Medical Benefits	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04383

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/17/2010	MGR04383	Policy/Cont Definitions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59.140	MGR04383 Form.pdf
Approved-Closed 02/17/2010	MGR04384	Policy/Cont Definitions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59.140	MGR04384 Form.pdf
Approved-Closed 02/17/2010	MGR04385	Policy/Cont Medical Benefits ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59.140	MGR04385 Form.pdf
Approved-Closed 02/17/2010	MGR04388	Policy/Cont Medical Benefits ract/Fraternal Certificate:	Initial		59.140	MGR04388 Form.pdf

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Amendmen
t, Insert
Page,
Endorseme
nt or Rider

DEFINITIONS

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

Wherever used in the *policy/certificate*:]

"*Customized orthotic device*" means a supportive device for the body or a part of the body, the head, neck or extremities.

DEFINITIONS

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

Wherever used in the *policy/certificate*:]

"*Prosthetic device*" means an artificial device to replace, in whole or in part, an arm or leg.

MEDICAL BENEFITS

[STANDARD MEDICAL COVERED EXPENSES:

Standard medical *covered expenses* are limited to charges:]

- (A) For *customized orthotic devices* and *prosthetic devices*. *Covered expenses* shall include the replacement or repair of the device when *medically necessary* based on the *covered person's* physical condition and accessories essential to the effective use of the device.

Covered expenses shall not include replacement necessitated by loss or misuse of the device. If more than one prosthetic device can meet a *covered person's* functional needs, only the charge for the most cost effective prosthetic device will be considered a *covered expense*.

MEDICAL BENEFITS

[STANDARD MEDICAL COVERED EXPENSES:

Standard medical *covered expenses* are limited to charges:]

- (A) For artificial eyes or larynx, or breast prosthesis (but not the replacement thereof unless required by a physical change in the *covered person* and the item cannot be modified.) If more than one device can meet a *covered person's* functional need, only the charge for the most cost effective prosthetic device will be considered a *covered expense*.

<i>SERFF Tracking Number:</i>	<i>AMMS-126499933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>44893</i>
<i>Company Tracking Number:</i>	<i>MGR04383</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/17/2010
Comments:		
Attachment:		
C006.3 P006.3 Readability 42008.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	02/17/2010
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