

SERFF Tracking Number:	AMMS-126529821	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	45174
Company Tracking Number:	SA-S-1475		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.002A Large Group Only - PPO
Product Name:	Association Group		
Project Name/Number:	SA-S-1475/SA-S-1475		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

SERFF Tr Num: AMMS-126529821 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Withdrawn State Tr Num: 45174

Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: SA-S-1475

State Status: FEES PAID

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Pat Allison, Deb Paris

Disposition Date: 03/18/2010

Date Submitted: 03/15/2010

Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SA-S-1475

Status of Filing in Domicile: Pending

Project Number: SA-S-1475

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to our domiciliary state of Indiana on March 12, 2010.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 03/18/2010

Explanation for Other Group Market Type:

State Status Changed: 03/15/2010

Deemer Date:

Created By: Pat Allison

Submitted By: Pat Allison

Corresponding Filing Tracking Number:

PPACA: Pre-PPACA Submission

Filing Description:

The enclosed rider amendment is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to issue this optional benefit form 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. This benefit will be used in conjunction with the current coverage that is marketed through licensed and appointed employee producers and independent brokers in face to face meetings, by telephone, and/or via the Internet.

Golden Rule intends to make the optional Pregnancy Expense Benefits Rider available at the option of the certificateholder. Of course, complications of pregnancy, as defined in the current policy/certificate, will continue to be considered a covered medical expense. This rider will provide covered expenses for services and supplies routinely

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provided in conjunction with a routine or normal pregnancy.

To the best of my knowledge, this form 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 toll free 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.

Company and Contact

Filing Contact Information

Patricia Allison, Assitant Contract Analyst paallison@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:
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
 Fee Amount: \$35.00
 Retaliatory? Yes
 Fee Explanation: \$35 per form x 1 form = \$35
 Paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$35.00	03/15/2010	34870112

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor	03/18/2010	03/18/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdrawal of form SA-S-1475	Note To Reviewer	Pat Allison	03/18/2010	03/18/2010

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Disposition

Disposition Date: 03/18/2010

Implementation Date:

Status: Withdrawn

Comment:

As requested in your Note to Reviewer of 3/18/10, this submission is being withdrawn.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Withdrawn	No
Supporting Document	Application	Withdrawn	No
Form	Pregnancy Expense Benefits Rider	Withdrawn	No

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Note To Reviewer

Created By:

Pat Allison on 03/18/2010 07:49 AM

Last Edited By:

Pat Allison

Submitted On:

03/18/2010 07:49 AM

Subject:

Withdrawal of form SA-S-1475

Comments:

I am hereby withdrawing this filing, as it was submitted in error. Golden Rule is not marketing maternity benefits in Arkansas.

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Form Schedule

Lead Form Number: SA-S-1475

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn 03/18/2010	SA-S-1475	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Pregnancy Expense Benefits Rider	Initial		59.140	SA-S-1475 Form.pdf

PREGNANCY EXPENSE BENEFITS RIDER

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

COVERED EXPENSES: *Covered expenses* include charges incurred by *you* or *your* covered spouse for *pregnancy covered expenses*, including those performed at a *hospital* or licensed birthing center which:

- A. Result from *your* or *your* spouse's *pregnancy*;
- B. Are incurred while *your* or *your* spouse's insurance is in force under the *policy/certificate*; and
- C. Are incurred in relation to a *pregnancy* that begins [after expiration of a [180-day] Pregnancy Expense Benefits Waiting Period] after the *covered person's* effective date of coverage under this rider.

[PREGNANCY DEDUCTIBLE AMOUNT: *Pregnancy covered expenses* under this rider are subject to the Pregnancy Deductible Amount [shown in Section 1]. The Pregnancy Deductible Amount is separate from any other *deductible amount* under the *policy/certificate* and will apply only to *pregnancy covered expenses* under this rider.]

[*Pregnancy covered expenses* incurred at a *network provider* will be paid subject to the applicable Network Provider Pregnancy Deductible Amount [shown in Section 1]. *Pregnancy covered expenses* incurred at a *non-network provider* will be paid subject to the applicable Non-Network Provider Pregnancy Deductible Amount [shown in Section 1].]

[PREGNANCY COINSURANCE PERCENTAGE: We will pay the applicable Pregnancy Coinsurance Percentage [shown in Section 1] in excess of the applicable Pregnancy Deductible Amount for *pregnancy covered expenses* received while *you* or *your* spouse are insured under this rider.]

PREGNANCY COVERED EXPENSES: As used in this rider, *pregnancy covered expenses* include:

- A. For *you* or *your* covered spouse, charges incurred for the following services when provided or performed due to *pregnancy*:
 1. For services of the *hospital* or licensed birthing center for room and board and general nursing services, but not more for any day than the Daily Hospital Room and Board Limit;
 2. For services of the *hospital* or licensed birthing center for other necessary services (exclusive of professional services), and supplies, exclusive of the cost of blood or blood plasma and treatments;
 3. For the administration of an anesthetic;
 4. For services of a professional ambulance service to a *hospital* or licensed birthing center where necessary *emergency* care or treatment can be rendered;
 5. For routine services performed by a *doctor*, a certified nurse-midwife or a mid-wife licensed by the state and acting within the scope of that license, including *doctor* office visits, blood tests and ultrasounds.
- B. For the newborn child, the charges incurred for services of the *hospital* or licensed birthing center when provided or performed due to *pregnancy* for:
 1. Room and board or general nursery services provided to the child during the period of the mothers confinement, but not to exceed the 10-day period following the child's birth.
 2. The use of an operating room or delivery room in connection with the circumcision of the child during the 10-day period following the child's birth.
 3. Services and supplies which are routinely provided by the *hospital* or licensed birthing center to the child or mother for use only while they are *inpatients*.
 4. Services of a *hospital* or licensed birthing center for the routine care of *your* or *your* covered spouse's newborn child.

PREGNANCY EXPENSE BENEFITS RIDER (Continued)

EXCLUSIONS AND LIMITATIONS: *Pregnancy covered expenses* will not include and no benefits will be paid for charges:

- A. Resulting from a *pregnancy* which is found by a *doctor* to have begun prior to the date the *covered person's* insurance under this rider became effective, including before the end of the Pregnancy Expense Benefits Waiting Period;
- B. For *complications of pregnancy*, or any other *covered expense* under any benefit provision of the *policy*; or,
- C. That are excluded by the Exclusions and Limitations of the *policy/certificate*.

Covered expenses under this rider are subject to all of the terms, conditions, exclusions, limitations and notification requirements of the *policy/certificate*, including any applicable *deductible amounts*, coinsurance provisions, copayment amounts or dollar limits.]

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

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

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Withdrawn	03/18/2010
Comments:		
Attachment:		
C006.3 P006.3 Readability 42008.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Withdrawn	03/18/2010
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