

<i>SERFF Tracking Number:</i>	AMMS-126666768	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Golden Rule Insurance Company	<i>State Tracking Number:</i>	45920
<i>Company Tracking Number:</i>	MGR04444		
<i>TOI:</i>	H16G Group Health - Major Medical	<i>Sub-TOI:</i>	H16G.002A Large Group Only - PPO
<i>Product Name:</i>	Association Group		
<i>Project Name/Number:</i>	MGR04444/MGR04444		

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

SERFF Tr Num: AMMS-126666768 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45920

Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: MGR04444

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Pat Allison, Deb Paris

Disposition Date: 06/21/2010

Date Submitted: 06/10/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: MGR04444

Status of Filing in Domicile: Pending

Project Number: MGR04444

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to our  
domiciliary state of Indian on June 9, 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: 06/21/2010

Explanation for Other Group Market Type:

State Status Changed: 06/21/2010

Deemer Date:

Created By: Pat Allison

Submitted By: Pat Allison

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

Filing Description:

The enclosed matrix paragraphs are submitted for your review and approval for use with Golden Rule Insurance Company's 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 the requirements of the Federal Patient Protection and Affordable Cost Act (PPACA). These provisions will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies,

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regardless of their state of residence. Any state variation to the standard Illinois base policy/certificate required by your state's laws will be provided via state endorsement. Golden Rule understands that these provisions must be included at issue as of the effective date required by the PPACA. Therefore, Golden Rule intends to implement these forms as of that date to comply with the federal requirements.

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 (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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form x 5 forms = \$250  
 Paid via EFT.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$250.00	06/10/2010	37138986

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Product Name: Association Group  
Project Name/Number: MGR04444/MGR04444

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/21/2010	06/21/2010

SERFF Tracking Number: AMMS-126666768 State: Arkansas  
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## Disposition

Disposition Date: 06/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126666768 State: Arkansas  
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 Project Name/Number: MGR04444/MGR04444

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	Definitions	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Exception to Preexisting Conditions	Approved-Closed	Yes
	Limitation For Covered Persons Under 19 Years		
Form	Effective Date of Dependent's Insurance	Approved-Closed	Yes
Form	Arkansas Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: MGR04444

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/21/2010	MGR04444	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Definitions	Initial		59.140	MGR04444 form.pdf
Approved-Closed 06/21/2010	MGR04450	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Definitions	Initial		59.140	MGR04450 form.pdf
Approved-Closed 06/21/2010	MGR04451	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Exception to Preexisting Conditions Limitation For Covered Persons Under 19 Years	Initial		59.140	MGR04451 form.pdf
Approved-Closed 06/21/2010	MGR04461	Policy/Cont ract/Fratern al Certificate:	Effective Date of Dependent's Insurance	Initial		59.140	MGR04461 form.pdf

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<i>Product Name:</i>	Association Group		
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	Endorseme		
	nt or Rider		
Approved- MGR04452	Policy/Cont Arkansas	Initial	59.140
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06/21/2010	al		form.pdf
	Certificate:		
	Amendmen		
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	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*:]

"*Eligible child*" means *your* or *your spouse's* child that is under 26 years of age. A "child" may be:

- (A) A natural child;
- (B) A legally adopted child;
- (C) A child placed with *you* for adoption; or
- (D) A child for whom legal guardianship has been awarded to *you* or *your spouse*.

## [DEFINITIONS]

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

Wherever used in the *policy/certificate*:

The definition of *emergency* is deleted and replaced with the following:]

"*Emergency*" means

- (A) A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected 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; or
- (B) With respect to a pregnant woman who is having contractions:
  - (1) That there is inadequate time to effect a safe transfer to another hospital before delivery; or
  - (2) That transfer may pose a threat to the health or safety of the woman or the unborn child.

**[EXCEPTION TO PREEXISTING CONDITIONS LIMITATION  
FOR COVERED PERSONS UNDER 19 YEARS OF AGE]**

This *preexisting conditions* limitation will not apply to *covered persons* under nineteen (19) years of age.

## [EFFECTIVE DATE OF DEPENDENT'S INSURANCE]

**Adding a Newborn:** An *eligible child* born to *you* or *your spouse* will be covered from the time of birth until the 31st day after birth. The newborn child will be covered from the time of its birth for *loss* due to *injury* and *illness*, including *loss* from complications of birth, premature birth, medically diagnosed congenital defect(s), and birth abnormalities.

Additional premium will be required to continue coverage beyond the 31st day after the birth of the child. The required premium will be calculated from the child's date of birth. Coverage of the child will terminate on the 31st day after its birth, unless we have received written notice of the child's birth and the required premium within 90 days of the child's birth.

If coverage terminates, we will require *proof of good health* to insure an *eligible child* again.

## [ARKANSAS ENDORSEMENT]

[By attachment of this endorsement, the *policy/certificate* is amended to the extent of any conflict with the following:

- A. The benefits payable on behalf of a newborn child, as set forth in the Effective Date of Dependent's Insurance provision, are amended as follows:
  1. An *eligible child* born to *you* or *your spouse* will be covered from the time of birth until the 91st day after birth. Coverage of the child will terminate on the 91st day following its birth, unless *we* have received written notice of the child's birth and any required premium within 90 days of the child's birth.
  2. *Covered expenses* will include *routine in-hospital newborn infant care expenses* and any testing of newborn infants mandated by law. *Routine in-hospital newborn care expenses* are limited to a maximum of five days following the newborn child's birth or when the mother ceases to be an *inpatient*, whichever occurs first.

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TOI: H16G Group Health - Major Medical

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

Product Name: Association Group

Project Name/Number: MGR04444/MGR04444

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	06/21/2010
<b>Comments:</b>		
<b>Attachment:</b> C006.3 P006.3 Readability 3 2010.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	06/21/2010
<b>Bypass Reason:</b> Does not apply to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	06/21/2010
<b>Comments:</b>		
<b>Attachment:</b> PPACA Summary C006.3.pdf		

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
	<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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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>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 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.