

SERFF Tracking Number: AMMS-126731853 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 46432
Company Tracking Number: MGR04475
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04475/MGR04475

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-126731853 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46432

Co Tr Num: MGR04475

Authors: Pat Allison, Deb Paris

Date Submitted: 08/09/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/12/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: MGR04475

Project Number: MGR04475

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/12/2010

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: 08/12/2010

Created By: Pat Allison

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pat Allison

PPACA: Non-Grandfathered Immed Mkt Reforms

Filing Description:

The enclosed forms 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 certificates using previously approved forms to be delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group.

Incorporation of matrix paragraph MGR04475 is intended to document Golden Rule's compliance with the requirements of the Federal Patient Protection and Affordable Cost Act (PPACA) for mental health benefits. Generally, these policies do not contain benefits for mental disorders. However, matrix paragraph MGR04475 will replace previously-approved

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form MGR04281 which provided the Illinois mandated benefits for diagnosis and treatment of autism spectrum disorders up to \$36,000 per calendar year for covered persons under 21 years of age. Matrix paragraph MGR04475 will provide these benefits without the annual limitations or age limitations. This benefit will be incorporated in the Illinois base group master policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence.

Golden Rule has also made the administrative decision to offer coverage at the certificate level for the diagnosis and treatment of mental disorders on the same basis as any other illness in conjunction with our medical plans. Rider amendment SA-S-1499 will be used to provide this coverage to those certificateholders purchasing this optional coverage.

Golden Rule understands that plans must comply with the requirements of the PPACA as of the effective date required by the PPACA. Therefore, Golden Rule intends to implement the enclosed forms as of that date to comply with the federal requirements in anticipation of resolution of this filing.

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

Filing Fees

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? Yes
Fee Explanation: \$35 per form x 2 forms=\$70

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Paid via EFT.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$70.00	08/09/2010	38610002
Golden Rule Insurance Company	\$30.00	08/11/2010	38697927

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/12/2010	08/12/2010

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	08/10/2010	08/10/2010	Pat Allison	08/11/2010	08/11/2010

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Disposition

Disposition Date: 08/12/2010

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	Medical Expense Benefits	Approved-Closed	Yes
Form	Optional Mental Disorders Benefits	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/10/2010

Submitted Date 08/10/2010

Respond By Date

Dear Debra Paris,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medical Expense Benefits, MGR04475 (Form)
- Optional Mental Disorders Benefits, SA-S-1499 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$30.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/11/2010
Submitted Date 08/11/2010

Dear Rosalind Minor,

Comments:

Regarding your August 10, Objection Letter:

Response 1

Comments: I submitted the additional \$30 filing fee, as requested.

I apologize for the oversight.

Related Objection 1

Applies To:

- Medical Expense Benefits, MGR04475 (Form)
- Optional Mental Disorders Benefits, SA-S-1499 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$30.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Deb Paris, Pat Allison

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Form Schedule

Lead Form Number: MGR04475

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/12/2010	MGR04475	Policy/Cont Medical Expense ract/Fratern Benefits al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04475 Form.pdf
Approved-Closed 08/12/2010	SA-S-1499	Policy/Cont Optional Mental ract/Fratern Disorders Benefits al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	SA-S-1499 Form.pdf

[MEDICAL EXPENSE BENEFITS]

[STANDARD MEDICAL COVERED EXPENSES:

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

- (A) For *diagnosis of and treatment for autism spectrum disorders*;

OPTIONAL MENTAL DISORDER BENEFITS

This rider is effective [on XX/XX/XX or at the same time as the *policy*/certificate to which it is attached, whichever is later.]

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

Covered expenses are amended to include charges incurred for the diagnosis and treatment of *mental disorders*, including *substance abuse*, to the same extent as any other *illness* under the *policy*/certificate. Unless specifically stated otherwise, benefits for *mental disorders* and *substance abuse* are subject to the terms and conditions of the *policy*, including any applicable *deductible amounts*, coinsurance and *copayment amounts*.

This rider will 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 style with a large initial "P".

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/12/2010
Comments:		
Attachment: C006.3 P006.3 Readability 3 2010.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/12/2010
Bypass Reason: Does not apply to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/12/2010
Comments:		
Attachment: MGR04475 PPACA Uniform Compliance Summary.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
	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)

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