

SERFF Tracking Number: AMMS-126756725 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 46482
Company Tracking Number: MGR04512
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04512/MGR04512

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-126756725 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46482

Co Tr Num: MGR04512

Authors: Pat Allison, Deb Paris

Date Submitted: 08/12/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/13/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: MGR04512

Project Number: MGR04512

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/13/2010

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: 08/13/2010

Created By: Pat Allison

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pat Allison

PPACA: Non-Grandfathered Immed Mkt Reforms

Filing Description:

The enclosed matrix paragraph is 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 this 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.

Incorporation of this matrix paragraph is intended to document Golden Rule's compliance with the requirements of the Federal Patient Protection and Affordable Cost Act (PPACA) which detail the specific situations in which rescission of coverage is permitted. This provision 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. Golden

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Rule understands that this provision 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, 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 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: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 1 form = \$50
 Paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	08/12/2010	38739968

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2010	08/13/2010

SERFF Tracking Number: AMMS-126756725 *State:* Arkansas
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Disposition

Disposition Date: 08/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126756725 *State:* Arkansas
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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	Unifrom Provisions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04512

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/13/2010	MGR04512	Policy/Cont Unifrom Provisions ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59.140	MGR04512 Form.pdf

UNIFORM PROVISIONS

RESCISSION: No misrepresentation of fact made regarding a *covered person* during the application process that relates to insurability will be used to void/rescind the insurance coverage or deny a claim unless:

- (A) The misrepresented fact is contained in a written application, including amendments, signed by a *covered person*;
- (B) A copy of the application, and any amendments, has been furnished to the *covered person(s)*, or to their beneficiary; and
- (C) The misrepresentation of fact was intentionally made and material to our determination to issue coverage to any *covered person*.

A *covered persons* coverage will be voided / rescinded and claims denied if that person performs an act or practice that constitutes fraud.

<i>SERFF Tracking Number:</i>	<i>AMMS-126756725</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>46482</i>
<i>Company Tracking Number:</i>	<i>MGR04512</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
<i>Product Name:</i>	<i>Association Group</i>		
<i>Project Name/Number:</i>	<i>MGR04512/MGR04512</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/13/2010
Comments:		
Attachment: C006.3 P006.3 Readability 3 2010.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/13/2010
Bypass Reason: Does not apply to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/13/2010
Comments:		
Attachment: MGR04512 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:
 individual health insurance individual life insurance
 group health insurance 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	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<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.

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 Explanation: Page Number:	<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.
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇ Explanation: Page Number:	<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.
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	<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.

◇ 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
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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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			
	<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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			
	<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><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			