

SERFF Tracking Number: AMMS-127170395 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 48781
Company Tracking Number: MGR04618 ETC
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: Arkansas Endorsement/MGR04618

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-127170395 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48781

Co Tr Num: MGR04618 ETC

Authors: Lori Moline, Deb Paris

Date Submitted: 05/16/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/01/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Arkansas Endorsement

Project Number: MGR04618

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 06/01/2011

State Status Changed: 06/01/2011

Created By: Lori Moline

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

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 certificates delivered to residents of Arkansas. Golden Rule's current products offered in your state are certificates evidencing coverage under master policies issued to an Illinois non-employer based association group, the Federation of American Consumers and Travelers (F.A.C.T.). Since the master policies were issued in the state of Illinois, the base certificate must provide all benefits required under Illinois law and have been filed with and approved by the state of Illinois.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Lori Moline

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Any modifications to the Illinois certificate required under Arkansas law are provided to residents of Arkansas by attachment of the Arkansas Endorsement. Incorporation of these matrix paragraphs as part of the Arkansas Endorsement is intended to document Golden Rule's compliance with Arkansas House Bill 1315 by expanding the benefits for diagnosis and treatment of autism spectrum beyond those mandated by Illinois law and included in the base policy/certificate.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documentation is attached, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance collect 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 reply

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: \$175.00
 Retaliatory? Yes
 Fee Explanation: 5 forms X \$35.00 = \$175
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>AMMS-127170395</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>48781</i>
<i>Company Tracking Number:</i>	<i>MGR04618 ETC</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>Arkansas Endorsement/MGR04618</i>		
Golden Rule Insurance Company	\$175.00	05/16/2011	47640145
Golden Rule Insurance Company	\$105.00	05/24/2011	47963244

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/01/2011	06/01/2011

SERFF Tracking Number: AMMS-127170395 *State:* Arkansas
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Disposition

Disposition Date: 06/01/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	Arkansas Endorsement	Approved-Closed	Yes
Form	Arkansas Endorsement	Approved-Closed	Yes
Form	Arkansas Endorsement	Approved-Closed	Yes
Form	Arkansas Endorsement	Approved-Closed	Yes
Form	Arkansas Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04622

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/01/2011	MGR04622	Matrix	Arkansas Endorsement	Initial			MGR04622.pdf
Approved-Closed 06/01/2011	MGR04618	Matrix	Arkansas Endorsement	Initial			MGR04618.pdf
Approved-Closed 06/01/2011	MGR04619	Matrix	Arkansas Endorsement	Initial			MGR04619.pdf
Approved-Closed 06/01/2011	MGR04620	Matrix	Arkansas Endorsement	Initial			MGR04620.pdf
Approved-Closed 06/01/2011	MGR04621	Matrix	Arkansas Endorsement	Initial			MGR04622.pdf

ARKANSAS ENDORSEMENT

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

A. The Medical Benefits provision is amended as follows:]

The *policy/certificate* is amended to include the following as *covered expenses*:

1. *Treatment for autism spectrum disorders* is expanded to include *evidence-based treatments*.

ARKANSAS ENDORSEMENT

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

- A. The Definitions section is amended as follows:
 - 1. The definition of *medical practitioner* is amended to include a speech pathologist, an audiologist licensed by the Board of Examiners in Speech-Language Pathology and Audiology, and a board-certified behavior analyst.

ARKANSAS ENDORSEMENT

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

- A. The Definitions section is amended as follows:
 - 1. The following definitions are added:]
 - (a) "*Evidence-based treatment*" means treatment subject to research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to *autism spectrum disorders* and shall include any equipment determined necessary to provide the treatment.

ARKANSAS ENDORSEMENT

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

A. The Definitions section is amended as follows:

1. The following definitions are added:]

- (a) "*Treatment for autism spectrum disorder*" means care, treatments, interventions, services or items which are reasonably expected to: (A) prevent the onset of an *autism spectrum disorder*; (B) reduce or ameliorate the physical, mental, or developmental effects of an *autism spectrum disorder*; or (C) assist to achieve or maintain maximum functional activity in performing daily activities after being diagnosed with an *autism spectrum disorder*.

Treatment for autism spectrum disorder shall include the following care when prescribed, provided or ordered by a *doctor*:

- (i) *Evidence-based treatments*;
- (ii) Psychiatric care, meaning direct, consultative, or diagnostic services provided by a licensed psychiatrist;
- (iii) Psychological care, meaning direct or consultative services provided by a licensed psychologist;
- (iv) Pharmacy care, meaning prescription medications and any health-related services necessary to determine the need or effectiveness of the medications;
- (v) Habilitative or rehabilitative care, meaning professional, counseling, and guidance services and treatment programs, including *applied behavior analysis*, that are intended to develop, maintain, and restore the functioning of an individual; and
- (vi) Therapeutic care, including behavioral speech, occupational, and physical therapies that provide treatment in the areas of: (1) self-care and feeding; (2) pragmatic, receptive, and expressive language; (3) cognitive functioning; (4) *applied behavioral analysis*, intervention, and modification; (5) motor planning; and (6) sensory processing.

ARKANSAS ENDORSEMENT

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

A. The Medical Benefits provision is amended as follows:]

The *policy/certificate* is amended to include the following as *covered expenses*:

1. *Treatment for autism spectrum disorders* is expanded to include *evidence-based treatments*.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/01/2011
Comments:			
Attachment:			
Readabilty Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/01/2011
Bypass Reason:	Does not apply to this filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	06/01/2011
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 Michael L. Corne, 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 |

May 16, 2011
Date



Michael L. Corne
Vice President Health Products