

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04252 et al/MGR04252 et al

Filing at a Glance

Company: Golden Rule Insurance Company
Product Name: Association Group
State: Arkansas
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.002A Large Group Only - PPO
Filing Type: Form
Date Submitted: 09/24/2012
SERFF Tr Num: AMMS-128667873
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: MGR04252 ET AL

Implementation: On Approval
Date Requested:
Author(s): Pat Allison, Deb Paris
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/23/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04252 et al/MGR04252 et al

General Information

Project Name: MGR04252 et al Status of Filing in Domicile:
 Project Number: MGR04252 et al Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Large
 Group Market Type: Association Overall Rate Impact:
 Filing Status Changed: 10/23/2012
 State Status Changed: 10/23/2012 Deemer Date:
 Created By: Pat Allison Submitted By: Pat Allison
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see cover letter under Supporting Documents Tab.

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
 Indianapolis, IN 46278 Group Name: Health
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$1,500.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 54 forms = \$2,700.00, however fees are capped at \$1,500.00.
 Paid via EFT
 Per Company: No

Company	Amount	Date Processed	Transaction #
Golden Rule Insurance Company	\$1,500.00	09/24/2012	62996003

SERFF Tracking #:

AMMS-128667873

State Tracking #:

Company Tracking #:

MGR04252 ET AL

State:

Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name:

Association Group

Project Name/Number:

MGR04252 et al/MGR04252 et al

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/23/2012	10/23/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/26/2012	09/26/2012

Response Letters

Responded By	Created On	Date Submitted
Pat Allison	10/22/2012	10/22/2012

SERFF Tracking #:

AMMS-128667873

State Tracking #:

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MGR04252 ET AL

State:

Arkansas

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H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

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Association Group

Project Name/Number:

MGR04252 et al/MGR04252 et al

Disposition

Disposition Date: 10/23/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
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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
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Explanation of Variable Text	Approved-Closed	Yes
Supporting Document	Data Page Language	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINIGIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form (revised)	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes

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Product Name: Association Group
Project Name/Number: MGR04252 et al/MGR04252 et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Approved-Closed	Yes
Form	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Approved-Closed	Yes
Form	ELIGIBILITY	Approved-Closed	Yes
Form	ELIGIBILITY	Approved-Closed	Yes
Form	GENERAL BENEFITS	Approved-Closed	Yes
Form	GENERAL BENEFITS	Approved-Closed	Yes
Form	GENERAL BENEFITS	Approved-Closed	Yes
Form	GENERAL BENEFITS	Approved-Closed	Yes
Form	GENERAL BENEFITS	Approved-Closed	Yes
Form	MEDICAL BENEFITS	Approved-Closed	Yes
Form	MEDICAL BENEFITS	Approved-Closed	Yes
Form	MEDICAL BENEFITS	Approved-Closed	Yes
Form	REHABILITATION AND EXTENDED CARE FACILITY EXPENSE BENEFITS	Approved-Closed	Yes
Form	PREVENTIVE CARE EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes

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Product Name: Association Group
Project Name/Number: MGR04252 et al/MGR04252 et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Approved-Closed	Yes
Form	PRIOR AUTHORIZATION/PREDETERMINATION	Approved-Closed	Yes
Form	PRIOR AUTHORIZATION/PREDETERMINATION	Approved-Closed	Yes
Form	PRIOR AUTHORIZATION/PREDETERMINATION	Approved-Closed	Yes
Form	PRIOR AUTHORIZATION/PREDETERMINATION	Approved-Closed	Yes
Form	GENERAL EXCLUSIONS AND LIMITATIONS	Approved-Closed	Yes
Form	GENERAL EXCLUSIONS AND LIMITATIONS	Approved-Closed	Yes
Form	GENERAL EXCLUSIONS AND LIMITATIONS	Approved-Closed	Yes
Form	GENERAL EXCLUSIONS AND LIMITATIONS	Approved-Closed	Yes
Form	GENERAL EXCLUSIONS AND LIMITATIONS	Approved-Closed	Yes
Form	GENERAL EXCLUSIONS AND LIMITATIONS	Approved-Closed	Yes
Form	UNIFORM PROVISIONS	Approved-Closed	Yes
Form	OPTIONAL BILOGICALLY BASED MENTAL ILLNESS BENEFITS	Approved-Closed	Yes
Form	PREGNANCY BENEFITS RIDER	Approved-Closed	Yes
Form	COPAYMENT AMOUNT RIDER	Approved-Closed	Yes
Form	COPAYMENT AMOUNT RIDER	Approved-Closed	Yes

SERFF Tracking #:

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State:

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H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name:

Association Group

Project Name/Number:

MGR04252 et al/MGR04252 et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	DEFINITIONS	Approved-Closed	Yes
Form	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Approved-Closed	Yes

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04252 et al/MGR04252 et al

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/26/2012
Submitted Date	09/26/2012
Respond By Date	10/26/2012

Dear Debra Paris,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- EFFECTIVE DATE OF DEPENDENT'S INSURANCE, MGR04632 (Form)

Comments:

With respect to adopted children, your attention is called to the 60-day period under ACA 23-79-137.

Objection 2

- ELIGIBILITY, MGR04731 (Form)

Comments:

This is a reminder that benefits must continue for handicapped dependents as outlined under ACA 23-86-108(4) and Bulletin 14-81.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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	10/22/2012
Submitted Date	10/22/2012

Dear Rosalind Minor,

Introduction:

I am writing in response to your September 26, 2012 Objection Letter.

Response 1

Comments:

We have revised matrix form MGR04632. An adopted child of the primary insured or spouse shall be covered from the date placement providing that notification of the adoption and any additional premium required has been received by us within 60 days following placement. A newborn adopted child shall be covered from the date of birth providing that notification of the adoption and additional premium required are received within 60 days of the birth of the child. We have modified the definition of placement, MGR04633, to include the date that a petition for adoption is filed.

Related Objection 1

Applies To:

- EFFECTIVE DATE OF DEPENDENT'S INSURANCE, MGR04632 (Form)

Comments:

With respect to adopted children, your attention is called to the 60-day period under ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

State: Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Association Group

Project Name/Number: MGR04252 et al/MGR04252 et al

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	MGR04633	POLA	DEFINITIONS	Initial	59.140	MGR04633 Revised for Resubmission.pdf	Date Submitted: 10/22/2012 By: Pat Allison

Previous Version

1	MGR04633	POLA	DEFINITIONS	Initial	59.140	MGR04633- Placement.pdf	Date Submitted: 10/22/2012 By: Pat Allison
2	MGR04632	POLA	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Initial	59.140	MGR04632 Revised for Resubmission.pdf	Date Submitted: 10/22/2012 By: Pat Allison

Previous Version

2	MGR04632	POLA	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Initial	59.140	MGR04632 - Adding an Adopted Child.pdf	Date Submitted: 10/22/2012 By: Pat Allison
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No Rate/Rule Schedule items changed.

Response 2

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04252 et al/MGR04252 et al

Comments:

The continuing coverage of handicapped dependents is addressed in the policy/certificate under matrix forms MGR03484 and MGR04676. These matrix forms were previously approved by your Department on February 5, 2004 and March 14, 2012, respectively, and read as follows:

A covered person will not cease to be a dependent solely because of age if the eligible child is: (A) not capable of self-sustaining employment due to a mental incapacity or physical handicap that began before the age limit was reached; and (B) mainly dependent on you for support.

MGR03484

We may ask for proof of the eligible child's incapacity and dependency annually. This continued coverage will end on:

(A) The date the policy ends;

(B) The date all coverage for you and your dependents ends;

(C) The date the incapacity or dependency ends;

(D) The last day of the premium period for which premium was paid, if premium for the subsequent premium period is not paid when due; or

(E) The date the covered expense is incurred if, as part of the required proof of loss, we ask for proof of the child's incapacity and dependency, and the primary insured fails to provide proof that, as of the date the expense was incurred, the child remained incapacitated and dependent.

MGR04676

Related Objection 2

Applies To:

- ELIGIBILITY, MGR04731 (Form)

Comments:

This is a reminder that benefits must continue for handicapped dependents as outlined under ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Pat Allison

State: Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Association Group

Project Name/Number: MGR04252 et al/MGR04252 et al

Form Schedule

Lead Form Number: MGR04252							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/23/2012	MGR04252	POLA	DEFINITIONS	Initial:	59.140	MGR04252 - Hospital.pdf
2	Approved-Closed 10/23/2012	MGR04398	POLA	DEFINIGIONS	Initial:	59.140	MGR04398 - Specialist physician.pdf
3	Approved-Closed 10/23/2012	MGR04627	POLA	DEFINITIONS	Initial:	59.140	MGR04627 - Injury.pdf
4	Approved-Closed 10/23/2012	MGR04628	POLA	DEFINITIONS	Initial:	59.140	MGR04628- Outpatient surgical facility.pdf
5	Approved-Closed 10/23/2012	MGR04629	POLA	DEFINITIONS	Initial:	59.140	MGR04629- Residential treatment facility.pdf
6	Approved-Closed 10/23/2012	MGR04631	POLA	DEFINITIONS	Initial:	59.140	MGR04631 - Respite care.pdf
7	Approved-Closed 10/23/2012	MGR04633	POLA	DEFINITIONS	Initial:	59.140	MGR04633 Revised for Resubmission.pdf
8	Approved-Closed 10/23/2012	MGR04640	POLA	DEFINITIONS	Initial:	59.140	MGR04640- Non-elective caesarean section.pdf
9	Approved-Closed 10/23/2012	MGR04658	POLA	DEFINITIONS	Initial:	59.140	MGR04658 - Primary care physician.pdf
10	Approved-Closed 10/23/2012	MGR04660	POLA	DEFINITIONS	Initial:	59.140	MGR04660 - Medically Necessary.pdf
11	Approved-Closed 10/23/2012	MGR04661	POLA	DEFINITIONS	Initial:	59.140	MGR04661 - Generally accepted standards.pdf

State: Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Association Group

Project Name/Number: MGR04252 et al/MGR04252 et al

Lead Form Number: MGR04252

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
12	Approved-Closed 10/23/2012	MGR04673	POLA	DEFINITIONS	Initial:	59.140	MGR04673 - Urgent care center.pdf
13	Approved-Closed 10/23/2012	MGR04717	POLA	DEFINITIONS	Initial:	59.140	MGR04717 - Primary care physician.pdf
14	Approved-Closed 10/23/2012	MGR04719	POLA	DEFINITIONS	Initial:	59.140	MGR04719 - Designated pharmacy.pdf
15	Approved-Closed 10/23/2012	MGR04724	POLA	DEFINITIONS	Initial:	59.140	MGR04724 - Copayment Amount.pdf
16	Approved-Closed 10/23/2012	MGR04725	POLA	DEFINITIONS	Initial:	59.140	MGR04725 - Deductible Amount.pdf
17	Approved-Closed 10/23/2012	MGR04734	POLA	DEFINITIONS	Initial:	59.140	MGR04734 - HSA Copayment Amount.pdf
18	Approved-Closed 10/23/2012	MGR04632	POLA	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Initial:	59.140	MGR04632 Revised for Resubmission.pdf
19	Approved-Closed 10/23/2012	MGR04728	POLA	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	Initial:	59.140	MGR04728 - Adding other dependents.pdf
20	Approved-Closed 10/23/2012	MGR04727	POLA	ELIGIBILITY	Initial:	59.140	MGR04727 - Dependent eligibility.pdf
21	Approved-Closed 10/23/2012	MGR04731	POLA	ELIGIBILITY	Initial:	59.140	MGR04731 - Dependent terminatin of eligibility.pdf
22	Approved-Closed 10/23/2012	MGR04650	POLA	GENERAL BENEFITS	Initial:	59.140	MGR04650 - General benefits Primary care physician.pdf
23	Approved-Closed 10/23/2012	MGR04652	POLA	GENERAL BENEFITS	Initial:	59.140	MGR04652 - Referral required.pdf

State: Arkansas

Filing Company:

Golden Rule Insurance Company

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Product Name: Association Group

Project Name/Number: MGR04252 et al/MGR04252 et al

Lead Form Number: MGR04252

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
24	Approved-Closed 10/23/2012	MGR04653	POLA	GENERAL BENEFITS	Initial:	59.140	MGR04653 - Referral required.pdf
25	Approved-Closed 10/23/2012	MGR04672	POLA	GENERAL BENEFITS	Initial:	59.140	MGR04672 -PPO Amount payable.pdf
26	Approved-Closed 10/23/2012	MGR04729	POLA	GENERAL BENEFITS	Initial:	59.140	MGR04729 - Changing the deductibe.pdf
27	Approved-Closed 10/23/2012	MGR04441	POLA	MEDICAL BENEFITS	Initial:	59.140	MGR04441- med benefits.pdf
28	Approved-Closed 10/23/2012	MGR04443	POLA	MEDICAL BENEFITS	Initial:	59.140	MGR04443- Outpatient catastrophic.pdf
29	Approved-Closed 10/23/2012	MGR04641	POLA	MEDICAL BENEFITS	Initial:	59.140	MGR04641 - Air Ambulance exclusion.pdf
30	Approved-Closed 10/23/2012	MGR04442	POLA	REHABILITATION AND EXTENDED CARE FACILITY EXPENSE BENEFITS	Initial:	59.140	MGR04442 - Rehab and extended care.pdf
31	Approved-Closed 10/23/2012	MGR04732	POLA	PREVENTIVE CARE EXPENSE BENEFITS	Initial:	59.140	MGR04732 - Non-Network Providers.pdf
32	Approved-Closed 10/23/2012	MGR04642	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04642 - Designated pharmacies.pdf
33	Approved-Closed 10/23/2012	MGR04643	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04643 - Therapeuticallye quivalent exclusion.pdf
34	Approved-Closed 10/23/2012	MGR04646	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04646 - Rx Prior Authorizationdocx.pdf

State: Arkansas

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Golden Rule Insurance Company

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Project Name/Number: MGR04252 et al/MGR04252 et al

Lead Form Number: MGR04252

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
35	Approved-Closed 10/23/2012	MGR04647	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04647 - Specialty physician drugs.pdf
36	Approved-Closed 10/23/2012	MGR04720	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04720 - Therapeutically Equivalent.pdf
37	Approved-Closed 10/23/2012	MGR04721	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04721 - Maximum Allowable charge...pdf
38	Approved-Closed 10/23/2012	MGR04722	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04722 - Therapeutic Class.pdf
39	Approved-Closed 10/23/2012	MGR04723	POLA	OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS	Initial:	59.140	MGR04723 - ImpotencSexual performance.pdf
40	Approved-Closed 10/23/2012	MGR04648	POLA	PRIOR AUTHORIZATION/PREDETERMINATI ON	Initial:	59.140	MGR04648 - Prior authorization required.pdf
41	Approved-Closed 10/23/2012	MGR04655	POLA	PRIOR AUTHORIZATION/PREDETERMINATI ON	Initial:	59.140	MGR04655 - How to obatain authorization.pdf
42	Approved-Closed 10/23/2012	MGR04656	POLA	PRIOR AUTHORIZATION/PREDETERMINATI ON	Initial:	59.140	MGR04656 - Failure to obtain authorization.pdf
43	Approved-Closed 10/23/2012	MGR04657	POLA	PRIOR AUTHORIZATION/PREDETERMINATI ON	Initial:	59.140	MGR04657 - Autorization not guaranteed.pdf

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Lead Form Number: MGR04252

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
44	Approved-Closed 10/23/2012	MGR04253	POLA	GENERAL EXCLUSIONS AND LIMITATIONS	Initial:	59.140	MGR04253- Residential treatment exclusion.pdf
45	Approved-Closed 10/23/2012	MGR04630	POLA	GENERAL EXCLUSIONS AND LIMITATIONS	Initial:	59.140	MGR04630- Altenative medicine exclusion.pdf
46	Approved-Closed 10/23/2012	MGR04639	POLA	GENERAL EXCLUSIONS AND LIMITATIONS	Initial:	59.140	MGR04639- Nicotine exclusion.pdf
47	Approved-Closed 10/23/2012	MGR04651	POLA	GENERAL EXCLUSIONS AND LIMITATIONS	Initial:	59.140	MGR04651- Preventive care exclusion.pdf
48	Approved-Closed 10/23/2012	MGR04665	POLA	GENERAL EXCLUSIONS AND LIMITATIONS	Initial:	59.140	MGR04665- Workers Compensation exclusion.pdf
49	Approved-Closed 10/23/2012	MGR04733	POLA	GENERAL EXCLUSIONS AND LIMITATIONS	Initial:	59.140	MGR04733- Medically necessary for illness...pdf
50	Approved-Closed 10/23/2012	MGR04726	POLA	UNIFORM PROVISIONS	Initial:	59.140	MGR04726 - Change or misstatment of residence.pdf
51	Approved-Closed 10/23/2012	SA-S-1663	POLA	OPTIONAL BILOGICALLY BASED MENTAL ILLNESS BENEFITS	Initial:	59.140	SA-S-1663 9112 AG.pdf
52	Approved-Closed 10/23/2012	SA-S-1664	POLA	PREGNANCY BENEFITS RIDER	Initial:	59.140	SA-S-1664 9112 AG.pdf
53	Approved-Closed 10/23/2012	SA-S-1665	POLA	COPAYMENT AMOUNT RIDER	Initial:	59.140	SA-S-1665 9112 HSA std.pdf
54	Approved-Closed 10/23/2012	SA-S-1666	POLA	COPAYMENT AMOUNT RIDER	Initial:	59.140	SA-S-1666 9112 HSA 4OV.pdf

SERFF Tracking #:

AMMS-128667873

State Tracking #:**Company Tracking #:**

MGR04252 ET AL

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Arkansas

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TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name:

Association Group

Project Name/Number:

MGR04252 et al/MGR04252 et al

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Hospital*" means an institution that: (A) operates as a *hospital* pursuant to law; (B) operates primarily for the reception, care, and treatment of sick or injured persons as *inpatients*; (C) provides 24-hour nursing service by registered nurses on duty or call; (D) has staff of one or more *doctors* available at all times; (E) provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical, or mental conditions either on its premises or in facilities available to it on a prearranged basis; and (F) is not primarily a long-term care facility; an *extended care facility*, nursing, rest *custodial care*, or convalescent home; a halfway house, transitional facility or *residential treatment facility*, a place for the aged, drug addicts, alcoholics, or runaways; a facility for wilderness or outdoor programs, or a similar establishment.

While confined in a separate identifiable *hospital* unit, section or ward used primarily as a nursing, rest, *custodial care* or convalescent home, *rehabilitation facility*, *extended care facility*, or *residential treatment facility*, halfway house or transitional facility, a *covered person* will be deemed not to be confined in a *hospital* for purposes of the *policy*.

MGR04252

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Specialist physician*" means a *doctor* who is not a *primary care physician*.

MGR04398

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Injury*" means accidental bodily damage sustained by a *covered person* and inflicted on the body by an external force. All *injuries* due to the same accident are deemed to be one *injury*.

MGR04627

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Outpatient surgical facility*" means any facility with a medical staff of *doctors* that operates pursuant to law for the purpose of performing *surgical procedures*, and that does not provide accommodations for patients to stay overnight. This does not include facilities such as: acute-care clinics, *urgent-care centers*, ambulatory care clinics, free-standing emergency facilities and *doctor offices*.

MGR04628

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Residential treatment facility*" means a facility that provides (with or without charge) sleeping accommodations; and (1) is not a *hospital*, *extended care facility* or *rehabilitation facility*, or (2) is a unit whose beds are not licensed at a level equal to or more acute than skilled nursing.

MGR04629

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Respite care*" means home health care services provided temporarily to a *covered person* in order to provide relief to the *covered person's immediate family* or other caregiver.

MGR04631

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Placement*", when used in reference to an adoption, means the earlier of:

- (A) The date that *you* or *your spouse* assume physical custody of the child for the purpose of adoption;
- (B) The date of entry of an order granting *you* or *your spouse* custody of the child for the purpose of adoption; or
- (C) The date that a petition for adoption is filed.

MGR04633

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Non-elective caesarean section*" means a caesarean section where vaginal delivery is not a medically viable option, or a repeat caesarean section.

MGR04640

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Primary care physician*" means a *doctor* who is a family practitioner, a general practitioner, pediatrician or internist.

MGR04658

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Medically Necessary*" means a health care service, supply or drug provided for the purpose of preventing, evaluating, diagnosing or treating a *illness, injury*, conditions, disease or its symptoms, that is determined by *us* or in consultation with an appropriate medical professional to be:

- A. In accordance with *generally accepted standards of medical practice*;
- B. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for *your illness, injury*, condition, disease or its symptoms;
- C. Not provided mainly for the *covered person's* convenience or that of the *covered person's doctor* or other health care provider;
- D. Not furnished solely to promote athletic achievement, a desired lifestyle, or improve the *covered person's* environmental or personal comfort;
- E. As cost effective as any established alternative service, supply or drug that is as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the *covered person's illness, injury*, condition, disease or its symptoms.

A health care service, supply or drug will not meet this definition based solely on the fact that a *doctor* or health care provider of a *covered person* performs, provides, prescribes, orders, recommends, or approves that service, supply or drug.

MGR04660

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Generally Accepted Standards of Medical Practice*" are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials.

If not credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. *We* reserve the right to consult medical professionals in determining whether a health care service, supply or drug is *medically necessary* and is a *covered expense* under the *policy/certificate*. The decision to apply physician specialty society recommendations, the choice of medical professional and the determination of when to use any such opinion, shall be determined by *us*.

MGR04661

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Urgent care center*" means a facility, not including a *hospital emergency* room or a *doctor's* office, that provides treatment or services that are required:

- (A) To prevent serious deterioration of a *covered person's health*; and
- (B) As a result of an unforeseen *illness, injury*, or the onset of acute or sever symptoms.

MGR04673

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Primary care physician*" means a *doctor* who is a family practitioner, a general practitioner, pediatrician or internist.

MGR04717

[DEFINITIONS]

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

Wherever used in the *policy/certificate*:]²

"*Designated pharmacy*" means a pharmacy that has entered into an agreement with *us* or with *our* pharmacy benefits manager to provide specific *prescription drugs*, including, but not limited to, *specialty prescription drugs*. The fact that a pharmacy is a *member pharmacy* does not mean that it is a *designated pharmacy*.

MGR04719

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Copayment amount*" means the amount of *covered expenses* that must be paid by a *covered person* for each service that is subject to a *copayment amount*, as shown on the Data Page, before benefits are payable for remaining *covered expenses* for that service under the *policy/application* of any *coinsurance percentage*.

MGR04724

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:²

"*Deductible amount*" means the amount of *covered expenses* shown on the Data Page that must actually be paid by [each *covered person/all covered persons*]⁵ during any calendar year before any benefits are payable. The *deductible amount* does not include any *copayment amount*.

A new *deductible amount* must be met each calendar year.

The maximum number of *covered persons* in a family that must meet the *deductible amount* in a calendar year is shown on the Data Page.

MGR04725

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Prescription drug copayment amount*" means the amount to be deducted from the total *covered expense* incurred for each separate *prescription order*. The *deductible amount* must be satisfied before the *prescription drug copayment amount* will be applied.

MGR04734

[EFFECTIVE DATE OF DEPENDENT'S INSURANCE]²

ADDING AN ADOPTED CHILD: An *eligible child* legally placed for adoption with *you* or *your spouse* will be covered from the date of *placement* until the 61st day after *placement* unless the *placement* is disrupted prior to legal adoption and the child is removed from *your* or *your spouse's* custody. A newborn child placed for adoption within 60 days of birth will be covered from the moment of birth.

The child will be covered for *loss* due to *injury* and *illness*, including *medically necessary* care and treatment of conditions existing prior to the date of adoption.

Additional premium will be required to continue coverage beyond the 61st day following *placement*/birth of the child. The required premium will be calculated from the date of *placement* or from the moment of birth in the event that the child is placed for adoption within 60 days of birth. Coverage of the child will terminate on the 61st day following *placement* unless *we* have received both notice of the insured's intent to adopt the child and any additional premium required for the addition of the child within 90 days of the date of *placement*.

MGR04632

[EFFECTIVE DATE OF DEPENDENTS INSURANCE]²

ADDING OTHER DEPENDENTS: If: (A) *you* apply in writing for insurance on a *dependent*; (B) *you* pay the required premiums; (C) *you* furnish *proof of good health*, at no cost to *us*; and (D) *we* agree to insure the *dependent*, then the *effective date* will be shown in the written notice to *you* that the *dependent* is insured. For an *eligible child* under age 19 years, coverage will be provided, as required, with no *preexisting conditions* exclusion.

MGR04728

[ELIGIBILITY]²

DEPENDENT ELIGIBILITY: *Your dependents* become eligible for insurance on the latter of (A) the date *you* became insured under the *policy*, or (B) the first day of the [premium period/first full calendar month]⁵ after the date of becoming *your dependent*.

MGR04727

[ELIGIBILITY]²

DEPENDENTS - TERMINATION OF ELIGIBILITY: A *dependent* will cease to be a *covered person* at the end of the premium period in which he or she ceases to be *your dependent* due to divorce or if a child ceases to be an *eligible child*.

We must receive notification within 90 days of the date an insured ceases to be an eligible *dependent*. If notice is received by *us* more than 90 days from this date, any unearned premium will be credited only from the first day of the [policy/calendar]⁵ month in which *we* receive the notice.

MGR04731

[GENERAL BENEFITS]

2

PRIMARY CARE PHYSICIAN: In order to obtain benefits, *you* must designate a *network primary care physician* for each *covered person*. *You* may select any *network primary care physician* who is accepting new patients. If *you* do not select a *network primary care physician* for each *covered person*, one will be assigned. *You* may obtain a list of *network primary care physicians* at *our* website, or by calling the telephone number shown on the front page of *your policy/certificate*.

Your network primary care physician will be responsible for coordinating all covered health services and making referrals for services from other *network providers*. *You* do not need a referral from *your network primary care physician* for obstetrical or gynecological treatment and may seek care directly from a *network obstetrician* or *gynecologist*. For all other *network specialists*, *you* must obtain a referral from *your network primary care physician* in order to be eligible for [maximum]³ benefits under *your policy/certificate*.

You may change *your network primary care physician* by submitting a written request, [online at *our* website,]³ or by contacting *our* office at the number shown on *your* identification card. The change to *your network primary care physician* of record will be effective no later than 30 days from the date *we* receive *your* request.

MGR04650

[GENERAL BENEFITS]²

REFERRAL REQUIRED: *You do not need a referral from your network primary care physician for obstetrical or gynecological treatment from a network obstetrician or gynecologist. For all other network specialists, you must obtain a referral from your network primary care physician for benefits to be payable under your policy/certificate.*

MGR04652

[GENERAL BENEFITS]²

REFERRAL REQUIRED FOR MAXIMUM BENEFITS: *You do not need a referral from your network primary care physician for obstetrical or gynecological treatment from a network obstetrician or gynecologist. For all other network specialists physicians, you must obtain a referral from your network primary care physician or benefits payable under your policy/certificate. Please refer to the Data Page.*

MGR04653

[GENERAL BENEFITS]²

AMOUNT PAYABLE: The *deductible amount* is shown on the Data Page. A new *deductible amount* must be met each calendar year.

We will pay the applicable *coinsurance percentage* in excess of the applicable *deductible amount(s)* and *copayment amount(s)* for a service or supply that:

- (A) Qualifies as a *covered expense* under one or more benefit provision(s); and
- (B) Is received while the *covered person's* insurance is in force under the *policy* if the charge for the service or supply qualifies as an *eligible expense*.

When the out-of-pocket maximum has been met, additional *covered expenses* will be payable at 100%.

The amount payable will be subject to:

- (A) Any specific benefit limits stated in the *policy*;
- (B) A determination of *eligible expenses*; and
- (C) Any reduction for expenses incurred at a non-*network provider*. (Please refer to the information on the Data Page.)

The applicable *deductible amount(s)*, *coinsurance percentage* and *copayment amount(s)* are shown on the Data Page.

MGR04672

[GENERAL BENEFITS]²

CHANGING THE DEDUCTIBLE AMOUNT: *You may increase or decrease the deductible amount to an amount currently available.*

An increase in the *deductible amount* will become effective as of the [next premium due date/first day of the calendar month]⁵ after we receive *your* request. *Your* premium will then be adjusted to reflect this change.

For a decrease in the *deductible amount* we require *proof of good health* on all covered persons. If approved, the new *deductible amount* and any increase in premium will become effective the [next premium due date/first day of the calendar month,]⁵ following *our* receipt of *your* request.

MGR04729

[MEDICAL BENEFITS]²

[STANDARD MEDICAL COVERED EXPENSES: Standard medical *covered expenses* are limited to charges:]²

- (A) [For *inpatient* acute-care treatment and detoxification of alcoholism;
- (B) Made by an assistant surgeon limited to 20 percent of the *eligible expense* for the *surgical procedures*;
- (C) Made by a *medical practitioner* who is not a *doctor* and who is acting as a surgical assistant limited to 14 percent of the *eligible expense* for the *surgical procedure*;
- (D) For *medically necessary* genetic blood tests;
- (E) For *medically necessary* immunizations to prevent respiratory syncytial virus (RSV);
- (F) For two mastectomy bras per year if the *covered person* has undergone a covered mastectomy;]⁵

MGR04441

[MEDICAL BENEFITS]²

[OUTPATIENT CATASTROPHIC MEDICAL EXPENSES: *Covered expenses* will include charges for the following services and supplies when incurred on an outpatient basis:]²

- (A) Radiation therapy, diagnostic testing performed in conjunction with, and on the same day as the radiation therapy, and one office visit following each round of radiation therapy;
- (B) Chemotherapy for the treatment of cancer, including the cost of and the administration of the chemotherapy, diagnostic testing performed in conjunction with, and on the same day as the chemotherapy, and one office visit following each round of chemotherapy; and
- (C) Made by a *medical practitioner* who is not a *doctor* and who is acting as a surgical assistant limited to 14 percent of the *eligible expense* for the *surgical procedure*;
- (D) Computerized axial tomography (CAT scans), magnetic resonance imaging (MRI's), and positron emission tomography (PET scans).

MGR04443

[MEDICAL EXPENSE BENEFITS]²

[Exclusions: No benefits will be paid for:]²

(A) Air ambulance:

- (1) Outside of the 50 United States and the District of Columbia;
- (2) From a country or territory outside the United States to a location within the 50 United States or the District of Columbia; or
- (3) From a location within the 50 United States or the District of Columbia to a country or territory outside the United States.

MGR04641

[REHABILITATION AND EXTENDED CARE FACILITY EXPENSE BENEFITS]²

EXCLUSIONS: No benefits will be paid under these Rehabilitation and Extended Care Facility Expense Benefits for charges for services or confinement related to treatment or therapy for *mental disorders* or *substance abuse*.

MGR04442

[PREVENTIVE CARE EXPENSE BENEFITS]²

NON-NETWORK PROVIDERS: *Covered expenses* incurred at a *non-network provider* will be reduced by 25%, then subject to the applicable *deductible amount* and *coinsurance percentage*.

MGR04732

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

DESIGNATED PHARMACIES For certain *prescription drugs*, including, but not limited to, *specialty prescription drugs*, we may direct you to a *designated pharmacy*. If you choose not to obtain your *prescription drug* from the *designated pharmacy* to which you are directed, no benefits will be payable for that *prescription drug*.

MGR04642

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

[EXCLUSIONS AND LIMITATIONS: No benefits will be paid under this benefit provision for expenses:]²

(A) Incurred for a *prescription drug* that contain (an) active ingredient(s) that is/are:

- (1) Available in and *therapeutically equivalent* to another covered *prescription drug*; or
- (2) A modified version of and *therapeutically equivalent* to another covered *prescription drug*.

Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate benefits for a *prescription drug* that was previously excluded under this paragraph.

MGR04643

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

[NOTIFICATION/PRIOR AUTHORIZATION]⁵ REQUIREMENTS: Before certain *prescription drugs* are dispensed to *you*, either *your medical practitioner, your pharmacist, or you* are required to [notify/obtain prior authorization from] *us* or *our* designee. The reason for [notifying/obtaining prior authorization] is to determine whether the *prescription drug*, is in accordance with *our* approval guidelines:

- (A) Meets the definition of a *covered expense*; and
- (B) Is not *experimental or investigational treatment* or an *unproven service*.

[Notification/Prior authorization]⁵ may also be required:

- (A) To determine if the *prescription drug* was prescribed by a *specialist physician*; and
- (B) For certain programs that may have specific requirements for participation and/or activation of an enhanced level of benefits.

The *prescription drugs* requiring the [notification/prior authorization]⁵ are subject to periodic review and modification. *You* may access information on available programs and any applicable [notification/prior authorization]⁵, participation, or activation requirements through the Internet at www.goldenrule.com or by calling the telephone number on *your prescription drug card*.

If [*we* or *our* designee are not notified/prior authorization is not obtained from *us* or *our* designee]⁵ before the *prescription drug* is dispensed, *you* may pay more for that *prescription order* or refill. *You* will be required to pay for the *prescription drug* at the pharmacy. *You* can ask *us* to consider reimbursement after *you* receive the *prescription drug*.

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

PRESCRIPTION DRUGS PRESCRIBED BY A SPECIALTY PHYSICIAN: Certain *prescription drugs* not otherwise covered under the *policy* may be considered *covered expenses* when prescribed by a *specialist physician*. Benefits for certain other *prescription drugs* may be enhanced/greater when prescribed by a *specialist physician*. You may access information on *prescription drugs* payable under the specialty physician program through the Internet at [www.goldenrule.com]³ or by calling the number on *your prescription drug card*.

MGR04647

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

[EXCLUSIONS AND LIMITATIONS: No benefits will be paid under this benefit provision for expenses:]²

- (A) Incurred for a *prescription order* available in over-the-counter form, or comprised of components that are available in over-the-counter form, and is *therapeutically equivalent*.

MGR04720

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

[EXCLUSIONS AND LIMITATIONS: No benefits will be paid under this benefit provision for expenses:]²

- (A) In excess of the maximum allowable charge paid for a *therapeutic class of/therapeutically equivalent prescription drugs*.

MGR04721

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

THERAPEUTIC CLASS/THERAPEUTICALLY EQUIVALENT MAXIMUM ALLOWABLE CHARGE: *We may determine the maximum allowable charge for prescription drugs in a particular therapeutic class, or that are therapeutically equivalent. If you or your medical practitioner elect a prescription drug included in the same class which is more than the maximum allowable charge assigned, you will be responsible for the costs in excess of the maximum allowable charge, in addition to the prescription drug copayment amount.*

MGR04722

[OUTPATIENT PRESCRIPTION DRUG EXPENSE BENEFITS]²

[EXCLUSIONS AND LIMITATIONS: No benefits will be paid under this benefit provision for expenses:]²

(A) For *prescription drugs* for treatment of impotency or enhancement of sexual performance.

MGR04723

[PRIOR AUTHORIZATION/PREDETERMINATION]²

PRIOR AUTHORIZATION REQUIRED: Some *covered expenses* require prior authorization. In general, *network providers* must obtain authorization from *us* prior to providing a service or supply to a *covered person*. However, there are some *network eligible expenses* for which *you* must obtain the prior authorization.

In general, for services or supplies that require prior authorization, as shown on the Data Page, *you* must obtain authorization from *us* before the *covered person*:

- (A) Receives a service or supply from a non-*network provider*,
- (B) Is admitted into a *network* facility by a non-*network provider*, or
- (C) Receives a services or supply from a *network provider* to which the *covered person* was referred by a non-*network provider*.

MGR04648

[PRIOR AUTHORIZATION/PREDETERMINATION]²

HOW TO OBTAIN PRIOR AUTHORIZATION: To obtain prior authorization or to confirm that a *network provider* has obtained prior authorization, contact *us* by telephone at the telephone number listed on *your* health insurance identification card before the services or supply is provided to the *covered person*.

MGR04655

[PRIOR AUTHORIZATION/PREDETERMINATION]²

FAILURE TO OBTAIN PRIOR AUTHORIZATION: Failure to comply with the prior authorization requirements will result in benefits being reduced. Please see the Data Page for specific details.

Network providers cannot bill *you* for services for which they fail to obtain prior authorization as required.

Benefits will not be reduced for failure to comply with prior authorization requirements prior to an *emergency*. However, *you* must contact *us* as soon as reasonably possible after the *emergency* occurs.

MGR04656

[PRIOR AUTHORIZATION/PREDETERMINATION]²

PRIOR AUTHORIZATION DOES NOT GUARANTEE BENEFITS: *Our* authorization does not guarantee either payment of benefits or the amount of benefits. Eligibility for, and payment of, benefits are subject all terms and conditions of the *policy*.

MGR04657

[GENERAL EXCLUSIONS AND LIMITATIONS]²

[*Covered expenses* will not include, and no benefits will be paid for any charges which are incurred:]²

(A) While at a *residential treatment facility*;

MGR04253

[GENERAL EXCLUSIONS AND LIMITATIONS]²

[*Covered expenses* will not include, and no benefits will be paid for any charges which are incurred:]²

- (A) For alternative or complementary medicine using non-orthodox therapeutic practices that do not follow conventional medicine. These include, but are not limited to, wilderness therapy, outdoor therapy, boot camp, equine therapy and similar programs.

MGR04630

[GENERAL EXCLUSIONS AND LIMITATIONS]²

[*Covered expenses* will not include, and no benefits will be paid for any charges which are incurred:]²

- (A) For diagnosis or treatment of nicotine addiction, except as specifically provided for under the Preventive Care Expense Benefits provision.

MGR04639

[GENERAL EXCLUSIONS AND LIMITATIONS]²

[*Covered expenses* will not include, and no benefits will be paid for any charges which are incurred:]²

- (A) For preventive prophylactic care, including routine physical examinations, premarital examinations, and educational programs, except as required under applicable state and federal law or as expressly provided for in this *policy/certificate*.

MGR04651

[GENERAL EXCLUSIONS AND LIMITATIONS]²

[Covered expenses will not include, and no benefits will be paid for any charges which are incurred:]²

- (A) As a result of an *injury* or *illness* arising out of, or in the course of, employment for wage or profit, if the *covered person* is insured, or is required to be insured, by worker's compensation insurance pursuant to applicable state or federal law. If *you* enter into a settlement that waives a *covered person's* right to recover future medical benefits under a worker's compensation insurance carrier denies coverage for *your* worker's compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by that agency.

MGR04665

[GENERAL EXCLUSIONS AND LIMITATIONS]²

Even if not specifically excluded by the *policy*, no benefit will be paid for a service or supply unless it is:

- (A) Administered or ordered by a *doctor*; and
- (B) *Medically necessary* to the diagnosis and treatment of an *injury* or *illness* or covered under the Preventive Care Expense Benefits provision.

MGR04733

[UNIFORM PROVISIONS]²

CHANGE OR MISSTATEMENT OF RESIDENCE: If *you* change *your residence*, *you* must notify *us* of *your new residence* within 60 days of the change. *Your* premium will be based on *your new residence* beginning on [the first premium due date/first day of the next calendar month]⁵ after the change. If *your residence* is misstated on *your* application, or *you* fail to notify *us* of a change of *residence*, we will apply the correct premium amount beginning on [the first premium due date/first day of the first full calendar month]⁵ *you* resided at the place of *residence*. If the change results in a lower premium, we will refund any excess premium. If the change results in a higher premium, *you* will owe *us* the additional premium.

MGR04726

[OPTIONAL]⁴ BIOLOGICALLY-BASED MENTAL ILLNESS BENEFITS

This rider is effective [on DATE or at the same time as the *policy/certificate*, whichever is later].¹

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 the charges incurred for the diagnosis and treatment of *biologically-based mental illnesses* and *substance abuse* to the same extent as any other *illness* under the *policy/certificate*. Unless specifically stated otherwise, benefits for *biologically-based mental illnesses* and *substance abuse* are subject to the terms and conditions of the *policy*, including any applicable [deductible amounts, coinsurance provisions and copayment amounts, and notification/prior authorization requirements]⁵.

As used in this rider, "*biologically-based mental illnesses*" means bipolar disorder, major depressive disorder, obsessive compulsive disorder, panic disorder, schizophrenia, and schizo-affective disorder. *Biologically-based mental illness* does not include alcoholism, *substance abuse*, or any other *mental disorder* not listed in this definition.

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".

President

PREGNANCY BENEFITS RIDER

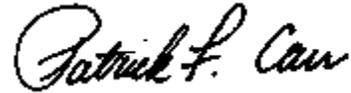
This rider is effective [on DATE or at the same time as the *policy/certificate*, whichever is later].¹

By attachment of this rider, *covered expenses* under the *policy/certificate* are amended to include the charges incurred by a *covered person* for normal *pregnancy* and childbirth.

Covered expenses under this rider are subject to all terms, conditions, exclusions, and limitations of the *policy/certificate*, including any applicable *deducible amounts*, *copayment amounts*, coinsurance provisions, [notification/prior]⁵ authorization requirements, or maximum dollar limits.

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".

President

COPAYMENT AMOUNT RIDER

This rider is effective [at the same time as the *policy/certificate* to which it is attached, unless a later date is shown below].¹

By attachment of this rider [the General Benefits provision]⁴ of this *policy/certificate* is amended by the addition of the following:

A. **Doctor Office Visits:** *Covered expenses* for outpatient *doctor* office visits will be payable as follows:

1. **At network providers:** After satisfaction of the *deductible amount*, *covered expenses* for services that are provided by a *network provider* will be subject to the *copayment amount* (as shown in the Data Page) before the benefits are payable under the *policy/certificate*.
2. **At non-network providers:** *Covered expenses* for services that are provided by a *non-network provider* will be reduced by 25%. The remaining *covered expenses* will then be subject to the *non-network provider deductible amount* and the applicable *coinsurance percentage* (as shown on the Data Page).

If *you* move to an area for which we are not offering access to a *network*, the *covered expenses* for outpatient *doctor* visits will be subject to any applicable *deductible amount* and *coinsurance percentage* (as shown on the Data Page).

Except as otherwise specified above, *covered expenses* under this rider are subject to all the terms, conditions, exclusions and limits of the *policy/certificate*, other than as set forth above.

This rider does not change, waive or extend any part of the *policy/certificate*, other than as set forth above.

Golden Rule Insurance
Company



President

COPAYMENT AMOUNT RIDER

This rider is effective [at the same time as the *policy*/certificate to which it is attached, unless a later date is shown below]¹.

By attachment of this rider [the General Benefits provision] of this *policy*/certificate is amended by the addition of the following:

A. **Doctor Office Visits:** *Covered expenses* for outpatient *doctor* office visits will be payable as follows:

1. **At network providers:** After satisfaction of the *deductible amount*, the first [Range of two - ten]⁵ visits per calendar year for each *covered person* will be subject to the *copayment amount* (as shown on the Data Page) before the benefits are payable under the *policy*/certificate. Subsequent visits for the same *covered person* during the same calendar year will be subject to the applicable *coinsurance percentage*.
2. **At non-network providers:** *Covered expenses* for visits at a non-*network provider* will be reduced by 25%. The remaining *covered expenses* will then be subject to the non-*network provider deductible amount* and the applicable *coinsurance percentage* (as shown on the Data Page).

If you move to an area for which we are not offering access to a *network*, the *covered expenses* for outpatient *doctor* visits will be subject to any applicable *deductible amount* and *coinsurance percentage* (as shown on the Data Page).

Except as otherwise specified above, *covered expenses* under this rider are subject to all the terms, conditions, exclusions and limits of the *policy*/certificate, other than as set forth above.

This rider does not change, waive or extend any part of the *policy*/certificate, other than as set forth above.

Golden Rule Insurance
Company



President

SERFF Tracking #:

AMMS-128667873

State Tracking #:

Company Tracking #:

MGR04252 ET AL

State: Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Association Group

Project Name/Number: MGR04252 et al/MGR04252 et al

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/23/2012
Comments:			
Attachment(s):			
P-008 C-008 Readability Signed and Dated.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/23/2012
Bypass Reason:	Does not apply to this filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/23/2012
Bypass Reason:	Does not apply to this filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/23/2012
Comments:			
Attachment(s):			
MGR04252 gen 28 Portfolio Filing Cover Letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variable Text	Approved-Closed	10/23/2012
Comments:			
Attachment(s):			
Explanation of Variables.pdf			

Item Status:

Status Date:

SERFF Tracking #:

AMMS-128667873

State Tracking #:

Company Tracking #:

MGR04252 ET AL

State: Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO

Product Name: Association Group

Project Name/Number: MGR04252 et al/MGR04252 et al

Satisfied - Item:	Data Page Language	Approved-Closed	10/23/2012
Comments:			
Attachment(s):			
MGR04252 gen 28 Portfolio Filing Support Doc Data Page Copay.pdf			
MGR04252 gen 28 Portfolio Filing Support Doc Data Page Prior Auth.pdf			
MGR04252 gen 28 Portfolio Filing Support Doc Data Page Referral.pdf			

Certification of Reading Ease

RE: Form (s) P-008 et al

C-008 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-008 et al (59.06)
C-008 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

MAR 19 2012

Date



Michael L. Corne
Vice President

September 24, 2012

Rosalind Minor
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Dear Ms. Minor:

Subject: Golden Rule Insurance Company
NAIC Company No.: 62286
Filing for Group Health Approval
Forms: MGR04252 et al
SERFF Tracking No.: AMMS-128667873

We solicit your approval of the enclosed matrix paragraphs for delivery in the state of Arkansas. Golden Rule intends to use these forms in conjunction with our previously approved portfolio of group health forms to issue master policies to a non-employer based association group, the Federation of American Consumers and Travelers at their offices in Jonesboro, Arkansas.

The enclosed forms are filed in and will utilize a matrix format. The matrix format allows Golden Rule to facilitate production of a variety of plan designs, including major medical, basic hospital/surgical, and high deductible health plans for use with health savings accounts. With the implementation of health care reform, Golden Rule is considering a variety of plan features designed to help to control health care costs and provide insureds financial incentives to utilize network providers for non-emergency services. Several of the matrix provisions included in this filing will enable Golden Rule to incorporate various cost savings features in future policy forms, including requiring preauthorization of certain health care services, or requiring the insured to obtain a referral to specialist physicians. Under the Supporting Documents Tab, we have included the language that will be incorporated in the data page if/when these provisions are included in new policies/certificates. Please note that Data Page 1-D-051, was previously approved by your Department on June 19, 1990.

As in previous filings, some provisions reflect listing of multiple paragraphs/text pieces that are bracketed primarily because they contain all possible components. Each separate policy/certificate will contain only those matrix provisions applicable to its plan design.

Golden Rule's current base policy forms do not provide coverage for mental disorders. Coverage of mental disorders and substance abuse on the same basis as any other illness is available to certificateholders as an optional benefit. If selected, the coverage is provided via

Rosalind Minor
Page 2
September 24, 2012

attachment of rider amendment SA-S-1499, previously approved by your Department on August 12, 2010. At this time, it is not known whether the federal requirements for essential health benefits will mandate full mental health parity for the individual market or mandate coverage of biologically-based mental illnesses. Therefore, we are including rider amendment SA-S-1663 for inclusion in the policy/certificate in the event coverage is mandated for biologically based mental illnesses. If full mental health parity is required, it is Golden Rule's intent to use previously approved SA-S-1499 to provide the required coverage. The Company will use whichever rider is required by law in the future.

On the same note, it is not known if federal law will require health insurers in the individual market to cover or to offer coverage of normal pregnancy and childbirth. Golden Rule intends to offer or provide rider amendment SA-S-1664 only when federal law should mandate such.

Rider forms SA-S-1665 and SA-S-1666 are very similar to the Copayment Amount Rider previously approved by your Department. The only difference is that these riders are written to be used with high deductible health plans intended for use with a health savings account. The copayment amount would not be applied until after the deductible amount has been met.

To the best of my knowledge, these forms comply with the statutory and regulatory requirements of your state. A Readability Certificate indicating the Flesch score is enclosed. Depending on the combination of pages that would be used in a particular policy, we will always exceed the minimum Flesch score of 40.

If you should have any questions with regard to this filing, or if I may be of assistance, please feel free to contact me at (800) 926-7602 extension 77771. 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.

Sincerely,



Debra L. Paris, FLMI, HIA
Manager
Policy Compliance

Explanation of Variables

1. Dates may be modified to accurately reflect the effective date intended for riders.
2. Section, Titles and/or introductory language may be modified to accurately reflect the policy/certificate from which the matrix form is used.
3. Bracketed language, bracketed condition/illness or bracketed provision may be deleted in its entirety.
4. Bracketed rider titles will correspond with the policy to which the optional benefit is attached.
5. Brackets contain entire list/possible components of which one or more may be used independently.

[DATA PAGE]

NETWORK PROVIDER COPAYMENT AMOUNTS*

Office Visits for Injury or Illness

Copayment amount per office visit (excluding *surgery*) performed by a *doctor*, limited to the charge for the office visit (history and exam only)

Network Primary Care Physician (PCP) [Range = \$25-\$50]

Network Specialist Physician

With PCP Referral [Range = \$25-\$100]

Without Referral [2 x Specialist Copay / \$50-\$200]

Hospital Inpatient

{*Copayment amount* per *inpatient* stay in a *hospital* [Range = \$500-\$1,000]}

{*Copayment amount* per *inpatient* day in a *hospital* [Range = \$250-\$750]}

Urgent Care Center

Copayment amount per visit to an *urgent care center* [Range = \$75-\$100]

MRI/CT Scan/Pet Scan

Copayment amount per service** [Range = \$150-\$250]

{The *copayment amount* will be applied after the *deductible amount* has been met. After the *copayment amount*, benefits will then be subject to the applicable *coinsurance percentage*.}

**Covered expenses* incurred at a *non-network provider* will be reduced 25%. Benefits will then be subject to the *non-network provider deductible amount* and the applicable *coinsurance percentage*.

**Benefits will then be subject to the *network provider deductible amount*.

[DATA PAGE]

PRIOR AUTHORIZATION REQUIREMENTS

We require prior authorization for certain *covered expenses*. In general, when services or supplies are received from a *network provider*, the *network provider* is responsible for obtaining the prior authorization, and when services or supplies are received from a *non-network provider*, you are responsible for obtaining the prior authorization. However, there are exceptions. Services and supplies for which you are responsible for obtaining prior authorization are listed below.

Failure to obtain prior authorization will result in a reduction of benefits. Reduced benefits will be 80% of regular *policy* benefits that would have otherwise been payable.

Obtaining prior authorization does not guarantee payment. Please see the Prior Authorization provision for more information.

SERVICES AND SUPPLIES FOR WHICH YOU MUST OBTAIN PRIOR AUTHORIZATION

Ambulance, non-emergency

You must obtain authorization for non-*emergency* ambulance transportation as soon as possible

Clinical Trial

You must obtain prior authorization as soon as the possibility of participation in a clinical trial arises.

Congenital Heart Disease Surgery

For *network* and non-*network* benefits, you must obtain prior authorization as soon as the possibility of a congenital heart disease (CHD) *surgery* arises.

Dental Expenses - Injuries Only

For *network* and non-*network* benefits, you must obtain prior authorization 5 business days before the follow-up (post-*emergency*) treatment begins. You do not have to obtain prior authorization before the initial *emergency* treatment.

Durable Medical Equipment

For *network* and non-*network* benefits, you must obtain prior authorization before obtaining any *durable medical equipment*, [that exceeds {Range = \$1,000-\$5,000} in cost (either retail purchase cost or cumulative retail rental cost of single item)].

Home Health Care

For non-*network* benefits, you must obtain prior authorization 5 business days before admission for and *inpatient* stay in a *hospice*, or as soon as reasonably possible.

Hospice Care

For non-*network* benefits, you must obtain prior authorization 5 business days before receiving *home health care* services, or as soon as reasonably possible.

Hospital Inpatient Stay

For non-*network* benefits, you must obtain prior authorization:

5 business days before a scheduled admission; or

As soon as is reasonably possible for a non-scheduled admission, including *emergency* admissions.

Lab, X-Ray, and Major Diagnostics - CT, PET, MRI, MRA, and Nuclear Medicine

For non-*network* benefits, you must obtain prior authorization:

5 business days before a scheduled services are received; or

For non-scheduled services, within one business day or as soon as is reasonable possible.

Mental Health and Substance Abuse Services

For non-*network* benefits, for treatment of a [*biologically-based mental illness/mental disorder*] or *substance abuse*, you must obtain authorization:

5 business days before a scheduled admission;

As soon as is reasonably possible for a non-scheduled admission, including *emergency* admissions; or

Prior to receiving services on an outpatient basis.

Outpatient Prescription Drugs

For non-*network* benefits, for intravenous infusions, you must obtain prior authorization:

5 business days before a scheduled services; or

For non-scheduled services, within one business day or as soon as is reasonably possible.

For non-*network* benefits for other outpatient *prescription drugs*, you must obtain prior authorization 5 business days before certain *prescription drugs* are received, or as soon as is reasonably possible. You may determine whether a particular *prescription drug* requires prior authorization by calling us at the telephone number listed on your health insurance identification card.

Outpatient Surgery

For non-*network* benefits for *outpatient surgery*, you must obtain prior authorization:

5 business days before a scheduled services; or

For non-scheduled services, within one business day or as soon as is reasonable possible.

Prosthetic Devices

For non-*network* benefits, you must obtain prior authorization before obtaining prosthetic devices [that exceeds {Range = \$1,000-\$5,000} in cost per device.]

Reconstructive Surgery

For non-*network* benefits for *outpatient surgery*, you must obtain prior authorization:

5 business days before a scheduled *reconstructive surgery* is performed; or

For non-scheduled *reconstructive surgery*, within one business day or as soon as is reasonably possible.

Rehabilitation and Extended Care Facility Services

For non-*network* benefits for *rehabilitation therapy services*, you must obtain prior authorization 5 business days before receiving *rehabilitation services*, or as soon as reasonably possible.

For non-*network* benefits for *inpatient rehabilitation* or confinement in an *extended care facility*, you must obtain prior authorization:

5 business days before a scheduled admission; or

As soon as is reasonably possible for a non-scheduled admission.

Sleep Studies

For non-*network* benefits, you must obtain prior authorization 5 business days before scheduled services are received.

Temporomandibular Joint (TMJ) Services

For non-*network* benefits, you must obtain prior authorization 5 business days before TMJ services are performed during an *inpatient* stay in a *hospital*.

Therapeutic Treatments

For non-*network* benefits, you must obtain prior authorization for dialysis, chemotherapy, radiation therapy:

5 business days before scheduled services are received; or

For non-scheduled services, within one business day or as soon as reasonably possible.

Transplants

For non-*network* benefits, you must obtain prior authorization as soon as the possibility of a transplant arises and before the time a pre-transplant evaluation is performed at a transplant center.

[DATA PAGE]

BENEFIT REDUCTION FOR FAILURE TO OBTAIN REFERRAL: Failure to obtain a referral from your primary care physician will result in a benefit reduction. Reduced benefits will be 80% of regular policy benefits.

State: Arkansas**Filing Company:**

Golden Rule Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002A Large Group Only - PPO**Product Name:** Association Group**Project Name/Number:** MGR04252 et al/MGR04252 et al

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/24/2012	Form	DEFINITIONS	10/22/2012	MGR04633- Placement.pdf (Superseded)
09/24/2012	Form	EFFECTIVE DATE OF DEPENDENT'S INSURANCE	10/22/2012	MGR04632 - Adding an Adopted Child.pdf (Superseded)

[DEFINITIONS]²

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

Wherever used in the *policy/certificate*:]²

"*Placement*", when used in reference to an adoption, means the earlier of:

- (A) The date that *you* or *your spouse* assume physical custody of the child for the purpose of adoption; or
- (B) The date of entry of an order granting *you* or *your spouse* custody of the child for the purpose of adoption.

MGR04633

[EFFECTIVE DATE OF DEPENDENT'S INSURANCE]²

ADDING AN ADOPTED CHILD: An *eligible child* legally placed for adoption with *you* or *your spouse* will be covered from the date of *placement* until the 31st day after *placement* unless the *placement* is disrupted prior to legal adoption and the child is removed from *your* or *your spouse's* custody.

The child will be covered for *loss* due to *injury* and *illness*, including *medically necessary* care and treatment of conditions existing prior to the date of *placement*.

Additional premium will be required to continue coverage beyond the 31st day following *placement* of the child. The required premium will be calculated from the date of *placement* for adoption. Coverage of the child will terminate on the 31st day following *placement* unless *we* have received both notice of the insured's intent to adopt the child and any additional premium required for the addition of the child within 90 days of the date of *placement*.

MGR04632