

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Short Term
Project Name/Number: /

Filing at a Glance

Company: Golden Rule Insurance Company
Product Name: Short Term
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.004 Short Term
Filing Type: Rate
Date Submitted: 10/04/2012
SERFF Tr Num: AMMS-128714623
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: G8STAGP12, ET AL (2)

Implementation: 12/01/2012
Date Requested:
Author(s): Patricia Lofton, Timothy Martin, Justin Bargy, Archibald Ewart
Reviewer(s): Donna Lambert (primary), Rosalind Minor
Disposition Date: 10/12/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Short Term
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General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/12/2012
 State Status Changed: 10/12/2012
 Deemer Date: Created By: Patricia Lofton
 Submitted By: Patricia Lofton Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to replace the already approved filing (AMMS-128714623). The only difference between this filing and the original filing is the Copay Elite plan. We will be marketing Plus Elite plan instead of Copay Elite plan. All other plans did not change.

Company and Contact

Filing Contact Information

Timothy Martin, Health Actuary timothy_martin@goldenrule.com
 7440 Woodland Drive 317-715-7946 [Phone]
 Indianapolis, IN 46278-1719 317-297-0908 [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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|-------------------------------|---------|----------------|---------------|
| Golden Rule Insurance Company | \$50.00 | 10/04/2012 | 63433076 |

SERFF Tracking #:

AMMS-128714623

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

G8STAGP12, ET AL (2)

State:

Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.004 Short Term

Product Name:

Short Term

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/

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Donna Lambert | 10/12/2012 | 10/12/2012 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|---------------------------|---------------|------------|----------------|
| Pending Industry Response | Donna Lambert | 10/10/2012 | 10/10/2012 |

Response Letters

| Responded By | Created On | Date Submitted |
|-----------------|------------|----------------|
| Patricia Lofton | 10/10/2012 | 10/10/2012 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---------|---------------|---------------|------------|----------------|
| Roz | Reviewer Note | Donna Lambert | 10/12/2012 | |

State: Arkansas
 TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
 Product Name: Short Term
 Project Name/Number: /

Filing Company: Golden Rule Insurance Company

Disposition

Disposition Date: 10/12/2012

Implementation Date:

Status: Approved

Comment:

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|-------------------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Golden Rule Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Health - Actuarial Justification | Approved | No |
| Supporting Document | Rate Summary Worksheet | Approved | Yes |
| Supporting Document | Consumer Disclosure Form | Approved | Yes |
| Rate | Short Term | Approved | Yes |

State: Arkansas Filing Company: Golden Rule Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Short Term
Project Name/Number: /

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 10/10/2012 |
| Submitted Date | 10/10/2012 |
| Respond By Date | 11/12/2012 |

Dear Timothy Martin,

Introduction:

This will acknowledge receipt of the captioned filing.

The SERFF Tracking # given for the previously approved submission is the same as this filing. Please send the SERFF Tracking # under which the previous filing was approved. Thank you.

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,

Donna Lambert

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TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Short Term
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Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 10/10/2012 |
| Submitted Date | 10/10/2012 |

Dear Donna Lambert,

Introduction:

This is in response to your objection dated 10/10/12.

Response 1

Comments:

The SERFF tracking number for the previously approved filing is AMMS-128703321.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Patricia Lofton

State: Arkansas **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Short Term
Project Name/Number: /

Reviewer Note

Created By:

Donna Lambert on 10/12/2012 10:34 AM

Last Edited By:

Donna Lambert

Submitted On:

10/12/2012 02:41 PM

Subject:

Roz

Comments:

Waiting to discuss with Roz 10/12/12.

SERFF Tracking #:

AMMS-128714623

State Tracking #:

Company Tracking #:

G8STAGP12, ET AL (2)

State: Arkansas

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|-------------------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Golden Rule Insurance Company | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

SERFF Tracking #:

AMMS-128714623

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

G8STAGP12, ET AL (2)

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Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action* | Rate Action Information | Attachments |
|----------|------------------------|---------------|---|--------------|-------------------------|--|
| 1 | Approved 10/12/2012 | Short Term | G8STAGP12, G9STAGV12, GASTAGC12 | New | | AR - Short Term Medical Plus Value Copay Plus Elite Rates - December 2012.pdf |

Short Term Medical Rate Calculation

State: AR

Plans

Short Term Medical Plus (Plan Code: FT8)
Short Term Medical Value (Plan Code: FT9)
Short Term Medical Copay (Plan Code: FTA)
Short Term Medical Plus Elite (Plan Code: FTB)

Monthly Base Rate Calculation

Adjusted Base Rate = RDC(Annual Base Rate * Cumulative Rate Adjustment Factor)
State Base Rate = RDC(Adjusted Base Rate * State Factor)
Monthly Base Rate = RDD(State Base Rate * Monthly Modal)

RDD = Rounded to 0 decimals
RDC = Rounded to 2 decimals

Monthly Final Rate Calculation

Adult (Male, Female) Rate
= Monthly Base Rate

Per Child Rate (except Child only, see note below)
= Monthly Base Rate

Child/ren Only
= Youngest child receives an adult rate for the appropriate age/gender, the other children are rated as described above in the Child Rate formula.

Sum base premium rates for all persons to be covered.

Multiply by Multiple Person Discount (0.9), if applicable.

Multiply by Trend Factor.

Multiply by ZIP Code Area Factor.

Multiply by Plan Factor.
Value (Factor = 0.80)
Plus (Factor = 1.00)
Copay (Factor = 1.40)
Plus Elite (Factor = 1.11)

Multiply by Plan/Term Factor.
Plus/Plus Elite/Value 1-6 months (Factor = 1.00)
Plus/Plus Elite/Value 7-11 months (Factor = 1.45)
Copay 1-11 months (Factor = 1.45)

Round the result to the nearest cent.

If paying for the entire length of the term immediately:
Add Optional Benefit - Supplemental Accidental Benefit (only available for Copay and Plus Elite plans) monthly rate
Then multiply by the term length (number of months).

If paying monthly:
Multiply by the monthly factor (1.30) and round to the nearest cent
Add Optional Benefit - Supplemental Accidental Benefit (only available for Copay and Plus Elite plans) monthly rate

Add one-time application fee (\$20).

Notes: Monthly Modal = 0.083333
The \$20 application fee is non-refundable (subject to state variations).
Monthly pay billing options:
Fee for Paper Billing and Processing: \$10.00/bill
Fee for Automated (EFT) Billing and Processing: \$0.00/bill

Short Term Medical Annual Base Rates

State: AR

| Age | Deductible | | | | | | | | | |
|-------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|------------------|--------------------|
| | \$1,000 Male | \$1,000 Female | \$1,500 Male | \$1,500 Female | \$2,500 Male | \$2,500 Female | \$5,000 Male | \$5,000 Female | \$10,000 Male | \$10,000 Female |
| to 24 | 964.15 | 845.40 | 823.25 | 721.86 | 626.04 | 548.92 | 500.83 | 439.13 | 406.93 | 356.80 |
| 25-29 | 979.80 | 1,003.48 | 836.60 | 856.83 | 636.18 | 651.57 | 508.94 | 521.26 | 413.51 | 423.52 |
| 30-34 | 1,042.10 | 1,173.36 | 889.82 | 1,001.86 | 676.66 | 761.86 | 541.32 | 609.49 | 439.83 | 495.21 |
| 35-39 | 1,122.78 | 1,319.40 | 958.69 | 1,126.57 | 729.02 | 856.68 | 583.21 | 685.34 | 473.87 | 556.85 |
| 40-44 | 1,445.88 | 1,541.94 | 1,234.54 | 1,316.60 | 938.79 | 1,001.19 | 751.04 | 800.95 | 610.22 | 650.77 |
| 45-49 | 1,788.00 | 1,872.23 | 1,526.70 | 1,598.60 | 1,160.94 | 1,215.63 | 928.76 | 972.51 | 754.61 | 790.16 |
| 50-54 | 2,324.02 | 2,326.02 | 1,984.40 | 1,986.09 | 1,509.01 | 1,510.28 | 1,207.21 | 1,208.23 | 980.86 | 981.68 |
| 55-59 | 3,164.77 | 2,814.37 | 2,702.27 | 2,403.06 | 2,054.89 | 1,827.36 | 1,643.91 | 1,461.88 | 1,335.69 | 1,187.79 |
| 60-64 | 3,879.25 | 3,207.45 | 3,312.34 | 2,738.68 | 2,518.80 | 2,082.58 | 2,015.03 | 1,666.07 | 1,637.22 | 1,353.68 |
| Child | 489.36 | 489.36 | 417.82 | 417.82 | 317.74 | 317.74 | 254.19 | 254.19 | 206.53 | 206.53 |

Annual Base Rates for:

Short Term Medical Plus (Plan Code: FT8)

Short Term Medical Value (Plan Code: FT9)

Short Term Medical Copay (Plan Code: FTA)

Short Term Medical Plus Elite (Plan Code: FTB)

Short Term Medical Rating Factors

State: AR

Rating Factors for:

- Short Term Medical Plus (Plan Code: FT8)
- Short Term Medical Value (Plan Code: FT9)
- Short Term Medical Copay (Plan Code: FTA)
- Short Term Medical Plus Elite (Plan Code: FTB)

| | |
|---------------------------------|---------------------------|
| Monthly Modal | Factor 0.083333 |
| Multiple Person Discount | 0.9 |
| Monthly Pay Factor | 1.30 |

| State Factors | |
|---------------|--------|
| State | Factor |
| AR | 0.643 |

| | |
|--------------------|------|
| Plan Factor | |
| Value | 0.80 |
| Plus | 1.00 |
| Copay | 1.40 |
| Plus Elite | 1.11 |

| | |
|------------------------------------|------|
| Plan/Term Length | |
| Plus/Plus Elite/Value: 1-6 months | 1.00 |
| Plus/Plus Elite/Value: 7-11 months | 1.45 |
| Copay: 1-11 months | 1.45 |

| | |
|--|------|
| Cumulative Rate Adjustment Factor | 1.00 |
|--|------|

| Trend Factor | |
|----------------------------|--------|
| Certificate Effective Date | Factor |
| 12/01/12 - 03/31/13 | 1.00 |
| 04/01/13 - 09/30/13 | 1.04 |
| 10/01/13 - 12/31/13 | 1.08 |

Short Term Medical ZIP CODE Area Factors

State: AR

Plans

Short Term Medical Plus (Plan Code: FT8)

Short Term Medical Value (Plan Code: FT9)

Short Term Medical Copay (Plan Code: FTA)

Short Term Medical Plus Elite (Plan Code: FTB)

| <u>State</u> | <u>ZIP CODE</u> | <u>AREA FACTOR</u> |
|--------------|---------------------|------------------------|
| AR | 716 | 1.375 |
| AR | 717 | 1.375 |
| AR | 718 | 1.375 |
| AR | 719 | 1.225 |
| AR | 720 | 1.225 |
| AR | 721 | 1.225 |
| AR | 722 | 1.225 |
| AR | 723 | 1.325 |
| AR | 724 | 1.325 |
| AR | 725 | 1.325 |
| AR | 726 | 1.325 |
| AR | 727 | 1.025 |
| AR | 728 | 1.025 |
| AR | 729 | 1.025 |
| AR | 755 | 1.375 |

Optional Benefit available with STM Copay & STM Plus Elite Plans

State: AR

| ENHANCED SUPPLEMENTAL ACCIDENT BENEFIT | | | | | | |
|---|--|----------------|--------------|--------------|--------------|---------------|
| Monthly Premium Rate | | | | | | |
| | | Benefit | | | | |
| | | 1,000 | 1,500 | 2,500 | 5,000 | 10,000 |
| Single | | 19.20 | 21.60 | 24.00 | 30.00 | 36.00 |
| Family | | 38.40 | 43.20 | 48.00 | 60.00 | 72.00 |

Optional Benefit Available for:

Short Term Medical Copay (Plan Code: FTA)

Short Term Medical Plus Elite (Plan Code: FTB)

SERFF Tracking #:

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Company Tracking #:

G8STAGP12, ET AL (2)

State:

Arkansas

Filing Company:

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H16I Individual Health - Major Medical/H16I.004 Short Term

Product Name:

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/

Supporting Document Schedules

| | | Item Status: | Status Date: |
|------------------|------------------------|--------------|--------------|
| Bypassed - Item: | Rate Summary Worksheet | Approved | 10/12/2012 |
| Bypass Reason: | Not Applicable. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|------------------|--------------------------|--------------|--------------|
| Bypassed - Item: | Consumer Disclosure Form | Approved | 10/12/2012 |
| Bypass Reason: | Not Applicable. | | |
| Comments: | | | |