

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number:  
Company Tracking Number: DENTAL  
TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental  
Product Name: PPO Dental Stand Alone  
Project Name/Number: /

## Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: PPO Dental Stand Alone

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Rate

SERFF Tr Num: AMMS-128024047 State: Arkansas

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

Co Tr Num: DENTAL

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Brandon McKenzie, Greg  
Dafler Disposition Date: 02/28/2012

Date Submitted: 01/30/2012

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: 07/01/2012

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 9%

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted on

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/28/2012

State Status Changed: 02/28/2012

Created By: Brandon McKenzie

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Brandon McKenzie

Filing Description:

See Cover Letter.

## Company and Contact

### Filing Contact Information

Greg Dafler, Health Actuary

7440 Woodland Drive

Indianapolis, IN 46278-1719

gdafler@goldenrule.com

317-715-7373 [Phone]

317-715-7028 [FAX]

### Filing Company Information

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number:  
 Company Tracking Number: DENTAL  
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
 Product Name: PPO Dental Stand Alone  
 Project Name/Number: /  
 Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana  
 7440 Woodland Drive Group Code: 707 Company Type: Life and Health  
 Indianapolis, IN 46278 Group Name: State ID Number:  
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

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**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	01/30/2012	55903303

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/28/2012	02/28/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	02/24/2012	02/24/2012	Brandon McKenzie	02/27/2012	02/27/2012
Pending Industry Response	Rosalind Minor	02/06/2012	02/06/2012	Brandon McKenzie	02/23/2012	02/23/2012

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 Project Name/Number: /

## Disposition

Disposition Date: 02/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

We are approving your request for a trend increase as submitted and a 3% rate increase above the trend increase.

The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our to our Department for approval.

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 required):	Minimum % Change (where required):
Golden Rule Insurance	9.000%	9.000%	\$23,379	528	\$259,763	9.000%	9.000%

*SERFF Tracking Number:*

*AMMS-128024047*

*State:*

*Arkansas*

*Filing Company:*

*Golden Rule Insurance Company*

*State Tracking Number:*

*Company Tracking Number:*

*DENTAL*

*TOI:*

*H101 Individual Health - Dental*

*Sub-TOI:*

*H101.000 Health - Dental*

*Product Name:*

*PPO Dental Stand Alone*

*Project Name/Number:*

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**Company**

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 Product Name: PPO Dental Stand Alone  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Attachment R	Approved-Closed	No
Rate (revised)	Dental	Approved-Closed	Yes
Rate	Dental	Replaced	Yes

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Product Name: PPO Dental Stand Alone  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/24/2012

Submitted Date 02/24/2012

Respond By Date

Dear Greg Dafler,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Your request was reviewed by our Deputy Commissioner/Director, Life & Health Division, and our Department will consider the Trend Increase as submitted. It is stated in the actuarial memorandum that you are requesting a 9% increase above trend on Benefit Plan A and Benefit Plan B. We will consider no more than a 3% increase above the trend increase.

If you wish to accept the 3% increase, please provide us with the replacement rates reflecting the 3%.

We appreciate your cooperation.

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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Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/27/2012  
Submitted Date 02/27/2012

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Golden Rule will accept a 3% above trend increase For Plan A and Plan B. A revised rate sheet reflecting this increase has been uploaded.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Your request was reviewed by our Deputy Commissioner/Director, Life & Health Division, and our Department will consider the Trend Increase as submitted. It is stated in the actuarial memorandum that you are requesting a 9% increase above trend on Benefit Plan A and Benefit Plan B. We will consider no more than a 3% increase above the trend increase.

If you wish to accept the 3% increase, please provide us with the replacement rates reflecting the 3%.

We appreciate your cooperation.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number:  
Company Tracking Number: DENTAL  
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: PPO Dental Stand Alone  
Project Name/Number: /

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Dental	GRI-DEN1	Revised	Previous State Filing Number	
			Percent Rate Change Request	
				3

**Previous Version**

Dental	GRI-DEN1	Revised	Previous State Filing Number	
			Percent Rate Change Request	
				9

If you have any questions, please feel free to contact me.

Sincerely,  
Brandon McKenzie, Greg Dafler

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number:  
Company Tracking Number: DENTAL  
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: PPO Dental Stand Alone  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/06/2012

Submitted Date 02/06/2012

Respond By Date

Dear Greg Dafler,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Please provide the history of the experience rate increases in Arkansas, along with the percentage of increase approved or disapproved.

Refer to our Bulletin 4-79 (b).

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

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number:  
Company Tracking Number: DENTAL  
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: PPO Dental Stand Alone  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/23/2012  
Submitted Date 02/23/2012

Dear Rosalind Minor,

### Comments:

This note responds to your objection.

### Response 1

Comments: Attachment R has been uploaded and provides a rate increase history since inception.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Please provide the history of the experience rate increases in Arkansas, along with the percentage of increase approved or disapproved.

Refer to our Bulletin 4-79 (b).

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Attachment R

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions, please feel free to contact me.

Sincerely,

Brandon McKenzie

*SERFF Tracking Number:* AMMS-128024047

*State:* Arkansas

*Filing Company:* Golden Rule Insurance Company

*State Tracking Number:*

*Company Tracking Number:* DENTAL

*TOI:* H101 Individual Health - Dental

*Sub-TOI:* H101.000 Health - Dental

*Product Name:* PPO Dental Stand Alone

*Project Name/Number:* /

Sincerely,

Brandon McKenzie, Greg Dafler

SERFF Tracking Number: AMMS-128024047  
 Filing Company: Golden Rule Insurance Company  
 Company Tracking Number: DENTAL  
 TOI: H101 Individual Health - Dental  
 Product Name: PPO Dental Stand Alone  
 Project Name/Number: /

State: Arkansas  
 State Tracking Number:  
 Sub-TOI: H101.000 Health - Dental

## 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 required):	Minimum % Change (where required):
Golden Rule Insurance Company	9.000%	9.000%	\$23,379	528	\$259,763	9.000%	9.000%

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 Company Tracking Number: DENTAL  
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
 Product Name: PPO Dental Stand Alone  
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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 02/28/2012	Dental	GRI-DEN1	Revised	Previous State Filing Number: Percent Rate Change 3.000 Request:	AR Rates.pdf

**Golden Rule Insurance Company**  
**Form Number: GRI-DEN1**  
**EXHIBIT B**  
**Dental Premium Rate Exhibit for Arkansas**

Premium rates are computed as follows:

- Note the appropriate region and tier.
- Select the benefit plan and the tier factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the benefit plan, the cumulative adjustment factor and the tier factor.
- Rounding to two decimals, let the other modal premium rates be a multiple of the monthly premium rate (for instance, quarterly = 3 x monthly).

Region	Filing ID >	Benefit Plan	
		A (150)	B (250)
Arkansas		18.85	30.27
Out of State		19.79	33.30

Trend History		A (150)	B (250)
	07/01/09	1.045	1.045
	10/01/09	1.060	1.060
	01/01/10	1.075	1.075
	04/01/10	1.090	1.090
	07/01/10	1.105	1.105
	10/01/10	1.120	1.120
	01/01/11	1.135	1.135
	04/01/11	1.313	1.198
	07/01/11	1.332	1.215
	10/01/11	1.352	1.233
	01/01/12	1.372	1.251
	04/01/12	1.392	1.270

**Proposed Trend Factor**

Cumulative Adjustment Factor (CAF)	A (150)	B (250)
07/01/12	1.454	1.327
10/01/12	1.476	1.346
01/01/13	1.497	1.366
04/01/13	1.519	1.386
07/01/13	1.542	1.406

| |                      | |  
\* 1.014674 / q.    \* 1.014674 / q.

Tier Factor (TF)	Three or more People		
	One Person	Two People	Three or more People
Three-Tier	1.000	1.980	3.500

**Sample calculation of a premium rate**

Suppose a family of four people living in Arkansas has selected dental benefit plan B (250) effective July 1, 2012. Then the factors and premium rates are as follows:

Benefit Factor	CAF	TF	Monthly	Quarterly	Semi-Annual	Annual
30.27	1.327	3.500	\$140.59	\$421.77	\$843.54	\$1,687.08

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
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 Product Name: PPO Dental Stand Alone  
 Project Name/Number: /

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Health - Actuarial Justification	Approved-Closed	02/28/2012
<b>Comments:</b>			
<b>Attachments:</b>			
Dental Memo.pdf			
Exhibits.pdf			
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	02/28/2012
<b>Comments:</b>			
<b>Attachment:</b>			
AR Letter.pdf			
<b>Satisfied - Item:</b>	Attachment R	Approved-Closed	02/28/2012
<b>Comments:</b>			
<b>Attachment:</b>			
Attachment R.pdf			

January 30, 2012  
NAIC #707-62286

Hon. Jay Bradford, Commissioner  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

RE: Premium Rates for Individual Dental Expense Policy Form:  
GRI-DEN1

This is a filing of revised premium rates for Individual Dental Expense Policy Form GRI-DEN1. The actuarial memorandum demonstrates loss ratio compliance and justifies the requested premium rates.

The rate revision will be effective on or after July 1, 2012. Below is an outline of the number of policies affected in your state by benefit plan. The rate revision will also apply to new business.

	Benefit Plan A (150)	Benefit Plan B (250)
Arkansas # of Policies	376	152

If you have questions about this filing, please contact me.

Sincerely,

**Gregory A. Dafler**  
Digitally signed by Gregory A. Dafler  
DN: cn=Gregory A. Dafler, o=Golden Rule Insurance Company, ou=Ancillary, email=gdafler@goldenrule.com, c=US  
Date: 2012.01.26 16:12:07 -05'00'

Gregory A. Dafler, FSA, MAAA  
Health Actuary  
(317) 715-7373  
Fax: (317) 297-0908  
E-mail: gdafler@goldenrule.com

Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, Indiana 46278-1719  
(317) 297-4123  
[www.goldenrule.com](http://www.goldenrule.com)

SERFF Tracking Number: AMMS-128024047 State: Arkansas  
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 Project Name/Number: /

## 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)
01/25/2012	Rate and Rule	Dental	02/27/2012	AR Rates.pdf (Superceded)

**Golden Rule Insurance Company**  
**Form Number: GRI-DEN1**  
**EXHIBIT B**  
**Dental Premium Rate Exhibit for Arkansas**

Premium rates are computed as follows:

- Note the appropriate region and tier.
- Select the benefit plan and the tier factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the benefit plan, the cumulative adjustment factor and the tier factor.
- Rounding to two decimals, let the other modal premium rates be a multiple of the monthly premium rate (for instance, quarterly = 3 x monthly).

Region	Filing ID >	Benefit Plan	
		A (150)	B (250)
Arkansas		18.85	30.27
Out of State		19.79	33.30

Trend History		A (150)	B (250)
	07/01/08	1.000	1.000
	10/01/08	1.000	1.000
	01/01/09	1.015	1.015
	04/01/09	1.030	1.030
	07/01/09	1.045	1.045
	10/01/09	1.060	1.060
	01/01/10	1.075	1.075
	04/01/10	1.090	1.090
	07/01/10	1.105	1.105
	10/01/10	1.120	1.120
	01/01/11	1.135	1.135
	04/01/11	1.313	1.198
	07/01/11	1.332	1.215
	10/01/11	1.352	1.233
	01/01/12	1.372	1.251
	04/01/12	1.392	1.270

**Proposed Trend Factor**

Cumulative Adjustment Factor (CAF)		A (150)	B (250)
	07/01/12	1.539	1.404
	10/01/12	1.562	1.425
	01/01/13	1.585	1.446
	04/01/13	1.608	1.467
	07/01/13	1.632	1.488

| |                      | |  
\* 1.014674 / q.      \* 1.014674 / q.

Tier Factor (TF)	One Person	Two People	Three or more People
Three-Tier	1.000	1.980	3.500

**Sample calculation of a premium rate**

Suppose a family of four people living in Arkansas has selected dental benefit plan B (250) effective July 1, 2011. Then the factors and premium rates are as follows:

Benefit Factor	CAF	TF	Monthly	Quarterly	Semi-Annual	Annual
30.27	1.404	3.500	\$148.75	\$446.25	\$892.50	\$1,785.00