

<i>SERFF Tracking Number:</i>	<i>AMMS-128288540</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>MGR04448 ET AL</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
<i>Product Name:</i>	<i>Association Group</i>		
<i>Project Name/Number:</i>	<i>MGR04448 et al/MGR04448 et al</i>		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

SERFF Tr Num: AMMS-128288540 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved State Tr Num:

Sub-TOI: H16G.002A Large Group Only - PPO

Co Tr Num: MGR04448 ET AL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Pat Allison, Lori Moline,
Deb Paris

Disposition Date: 05/11/2012

Date Submitted: 04/20/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04448 et al

Status of Filing in Domicile:

Project Number: MGR04448 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: 05/11/2012

State Status Changed: 05/11/2012

Deemer Date:

Created By: Pat Allison

Submitted By: Pat Allison

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

We solicit your approval of the enclosed matrix paragraphs for delivery to residents of the states of Florida and Virginia. Golden Rule intends to use these forms in conjunction with our previously approved portfolio of group health forms to issue certificates to residents of Florida and Virginia issued under master policies to non-employer based association groups situated in the state of Arkansas. These matrix forms represent additional benefits mandated to residents of those states which will constitute state specific endorsements and will not be issued to residents of Arkansas.

As discussed with Mr. Corne and Mr. Hampton during their visit on February 9, 2012, both of these states require that

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state specific forms issued to residents of their respective states be approved by the situs state of the policyholder before they will accept any filing of the forms. Golden Rule initially intends to issue these forms to the Federation of American Consumers and Travelers at their offices in Jonesboro, Arkansas.

To the best of my knowledge, these forms comply with the statutory and regulatory requirements of your state. Readability Certificates indicating the Flesch scores are 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 phone 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.
 State Narrative:

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
 7440 Woodland Drive 800-926-7602 [Phone] 7771 [Ext]
 Indianapolis, IN 46278-1719 317-328-9645 [FAX]

Filing Company Information

Golden Rule Insurance Company	CoCode: 62286	State of Domicile: Indiana
7440 Woodland Drive	Group Code: 707	Company Type: Life and Health
Indianapolis, IN 46278	Group Name:	State ID Number:
(800) 926-7602 ext. [Phone]	FEIN Number: 37-6028756	

Filing Fees

Fee Required? Yes
 Fee Amount: \$800.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 16 forms = \$800
 Paid via EFT
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$800.00	04/20/2012	58243028
Golden Rule Insurance Company	\$50.00	04/20/2012	58244686

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	05/11/2012	05/11/2012

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	Donna Lambert	04/25/2012	04/25/2012	Lori Moline	04/30/2012	04/30/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Agreement and Consideration	Pat Allison	04/20/2012	04/20/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Discussion on Feb. 9, 2012	Reviewer Note	Donna Lambert	04/24/2012	

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Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Supporting Document	MGR04448 Objection Letter	Approved	Yes
Supporting Document	MGR04448 Filing Description	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Florida Endorsement	Approved	Yes
Form	Virginia Endorsement	Approved	Yes
Form	Virginia Endorsement	Approved	Yes
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Form	Virginia Endorsement	Approved	Yes
Form	Agreement and Consideration	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/25/2012
Submitted Date 04/25/2012
Respond By Date 05/25/2012

Dear Debra Paris,

Please provide the dates the forms were approved by the Florida and Virginia Insurance Departments.

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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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/30/2012
Submitted Date 04/30/2012

Dear Donna Lambert,

Comments:

Response to your objection letter of April 25, 2012.

Response 1

Comments: As stated in our cover letter, the states of Florida and Virginia both require approval from the Department of Insurance of the situs state of the master policy before forms may be submitted for review. This was discussed during the February 9, 2012 meeting between Mr. Mike Corne and Mr. Mike Hampton and representatives of your Department regarding the master policies Golden Rule planned to issue to the Federation of American Consumers and Travelers at their new offices in Jonesboro, Arkansas. While we realize that you are not in a position to review forms drafted for compliance with other states' laws, both Florida and Virginia require evidence of your approval of the forms for issuance in certificates evidencing coverage of Florida and Virginia residents under the master policy issued to an Arkansas policyholder. After receipt of your approval, the forms will be submitted to the Florida and Virginia Departments, respectively. If they would require any modifications to the forms, Golden Rule will subsequently file the revisions with your Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: MGR04448 Objection Letter

Comment:

Satisfied -Name: MGR04448 Filing Description

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time in this manner.

Sincerely,

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Deb Paris, Lori Moline, Pat Allison

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Amendment Letter

Submitted Date: 04/20/2012

Comments:

I am amending this filing to add Florida Face Page C-008-09

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
C-008-09	Certificate Amendment, and Insert Page, Consideration or Rider	Agreement	Initial				59.140	C-008-09 Form.pdf

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Reviewer Note

Created By:

Donna Lambert on 04/24/2012 10:17 AM

Last Edited By:

Donna Lambert

Submitted On:

05/11/2012 12:37 PM

Subject:

Discussion on Feb. 9, 2012

Comments:

4/24/12 Asking Dan about the above discussion. Was he present?

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Form Schedule

Lead Form Number: MGR04448

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 05/11/2012	MGR04448	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Florida Endorsement	Initial		59.140	Florida Endorsement - Arkansas Master policy.pdf
Approved 05/11/2012	MGR03442	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Florida Endorsement	Initial		59.140	
Approved 05/11/2012	MGR03443	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Florida Endorsement	Initial		59.140	
Approved 05/11/2012	MGR04696	Policy/Cont ract/Fratern al Certificate:	Florida Endorsement	Initial		59.140	

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Approved	MGR04428	Policy/Cont Virginia Endorsement	Initial	59.140	Virginia
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Approved	MGR03584	Policy/Cont Virginia Endorsement	Initial	59.140	
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Approved	MGR03585	Policy/Cont Virginia Endorsement	Initial	59.140	
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Approved	MGR03586	Policy/Cont Virginia Endorsement	Initial	59.140	
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Approved	MGR03587	Policy/Cont Virginia Endorsement	Initial	59.140	
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Approved	C-008-09	Certificate Agreement and	Initial	59.140	C-008-09

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FLORIDA ENDORSEMENT

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

MGR03433

A. The Definitions section is amended as follows:

1. Subject to all other terms and conditions of the *policy/certificate*, the definition of *eligible child* is expanded to include *your* or *your spouse's* child 26 years of age or over who is:
 - (a) Unmarried; and
 - (b) Under 31 years of age.

MGR04448

2. Any definition of "*medical practitioner*" is amended to include a registered nurse first assistant.

MGR03442

3. The following definitions are added:

- (a) "*Child health supervision services*" means services ordered, delivered, or supervised by a *doctor* to be provided to a *covered person* under the age of 17 which are limited to a history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.
- (b) "*Necessary dental care*" means dental treatment or surgery that is considered to be *medically necessary* due to the presence of a dental condition that is likely to result in a medical condition if left untreated.

MGR03443

B. Under the Effective Date of Dependent's Insurance provision, the subsection entitled Adding a Newborn is modified to read as follows:]

Adding a Newborn: An *eligible child* born to *you* or a *covered person* will be covered from the time of birth in accordance with the following requirements:

1. If *you* notify us of the birth of the child within 30 days, an *eligible child* born to *you* or a *covered person* will be covered from the time of birth until the 31st day after birth. Additional premium will be required to continue coverage beyond the 31st day after the birth of the child.
2. If *you* fail to notify *us* of the birth within 30 days, an *eligible child* may be a *covered person* from the date of birth providing that notification of the birth and additional premium required from the date of birth are received within 90 days of the child's birth.
3. If notice of the birth of the child is not received within 90 days of the date of the birth, the newborn child will not be a *covered person* from the date of birth.

Coverage for a child born to a *covered person* other than *you* or *your spouse* will automatically terminate 18 months following the birth of the child.

With timely notification of the birth, the newborn child will be covered for *loss* due to: (A) *injury*; and (B) *illness*, including loss from complications of birth, premature birth, medically diagnosed congenital defect(s), and birth abnormalities. *Covered expenses* will include *routine in-hospital newborn infant care expenses*, any testing of newborn infants mandated by law, and up to \$1,000 for transportation of the newborn to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition when certified as *medically necessary* by the attending *doctor*.

Routine in-hospital newborn care expenses are limited to a maximum of five days following the newborn child's birth or when the mother ceases to be an *inpatient*, whichever occurs first.

MGR04696

FLORIDA ENDORSEMENT (Continued)

- C. The *policy/certificate* is amended to include expenses incurred by a *covered person* for the following as *covered expenses*:
1. General anesthesia and services incurred at a *hospital* or an *outpatient surgical facility* for the treatment of *necessary dental care* for a *covered person* who:
 - (a) Is an *eligible child* who:
 - (i) Is less than 8 years of age; and
 - (ii) Is determined by a licensed dentist and the child's *doctor* to require *necessary dental care* due to a significantly complex dental condition or a developmental disability which has caused treatment in a dental office to be ineffective; or
 - (b) Has one or more medical conditions that would create significant or undue medical risk to the *covered person* if the *necessary dental care* was provided somewhere other than a *hospital* or *outpatient surgical facility*.
 2. *Child health supervision services*, exempt from any deductible provision in the *policy/certificate*, if those services are:
 - (a) Provided during periodic intervals consistent with the recommendations for preventive pediatric health care of the American Academy of Pediatrics; and
 - (b) Limited to the services of one provider for all services provided at each visit.
 3. Services and treatment prescribed by the attending *doctor* as *medically necessary* to the treatment of cleft lip or cleft palate for a covered *eligible child* under the age of 18, including:
 - (a) Speech therapy;
 - (b) Audiological treatment;
 - (c) Nutrition services;
 - (d) Medical treatment services; and
 - (e) Dental treatment services.

These *covered expenses* will not be excluded solely because the child has not been a *covered person* since birth.
 4. Diagnostic procedures for the treatment of craniomandibular disorders, malocclusions or disorders of the temporomandibular joint.
 5. *Medically necessary* diagnosis and treatment of osteoporosis for high-risk individuals, including, but not limited to, estrogen-deficient individuals who are at clinical risk for osteoporosis, individuals who have vertebral abnormalities, individuals who are receiving long-term glucocorticoid (steroid) therapy, individuals who have primary hyperparathyroidism and individuals who have a family history of osteoporosis.

MGR03446

- D. The Limitation of Payment for AIDS or HIV Related Disease Claims provision is amended to include the following:

If we fail to notify a *covered person*, in writing, within 90 days after it has first been determined by us that the *covered person* would be subject to the effect of this limited exclusion, this exclusion will not apply. We must notify the *covered person* within the 90 day period, even if there are no claims for *AIDS or HIV related disease*.

MGR03451

- E. The Health Insurance Conversion Privilege provision is amended to the extent it conflicts with the following:
1. Written application for the conversion policy must be made and the first premium must be paid not later than 63 days after termination of group insurance.

FLORIDA ENDORSEMENT (Continued)

2. The *covered person* may choose either a standard Golden Rule conversion policy or, if the *covered person* is a Florida resident, a conversion policy that contains the benefits required under a Florida standard health benefit plan conversion policy, as referred to in section 627.6675(11) of the Florida Insurance Code. These conversion plan options may be chosen by a *covered person* to the extent they are being issued by *us* in the state in which the *covered person* resides.
3. We will mail an election and premium notice form, including an outline of coverage, within 14 days after a *covered person* who is eligible for a conversion policy, as stated in the Health Insurance Conversion Privilege provision, gives notice to *us* that the *covered person* is considering applying for a conversion policy or otherwise requests such information.

MGR03470

F. The Uniform Provisions are amended as follows:

1. **LEGAL ACTION:** No action at law or in equity may be brought to recover on the *policy* until 60 days after written *proof of loss* has been furnished. No such action may be brought after the end of five years after the time written *proof of loss* is required to be furnished.
2. **ASSIGNMENT:** The sentence "The life insurance provided under the *policy*, if any, is not assignable." is deleted.

MGR03449

Except as noted in this endorsement, the benefits under this endorsement are subject to all of the terms, conditions, exclusions, limitations and notification requirements of the *policy/certificate*, including any applicable *deductible amounts*, coinsurance provisions, copay amounts, or dollar limits.

MGR03440

The benefits of this endorsement apply only to *covered persons* who reside in the state of Florida.

This endorsement will not change, waive or extend any part of the *policy/certificate*, other than as stated herein.

This endorsement is effective on March 15, 2012 or at the same time as the *policy/certificate*, unless a later date is shown below.

Golden Rule Insurance Company



President

MGR03441

VIRGINIA ENDORSEMENT

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

MGR03433

A. The Definitions section is amended as follows:

1. The following definitions are added:

(a) "*Peer-reviewed medical literature*" means a scientific study published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts in a journal that has been determined by the International Committee of Medical Journal Editors to have met the Uniform Requirements for Manuscripts submitted to biomedical journals. *Peer-reviewed medical literature* does not include publications or supplements to publications that are sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier.

MGR04428

(b) "*Standard reference compendia*" means:

- (i) American Hospital Formulary Service - Drug Information;
- (ii) National Comprehensive Cancer Network's Drugs & Biologics Compendium; or
- (iii) Elsevier Gold Standard's Clinical Pharmacology.

MGR04429

B. *Covered expenses* are expanded to include charges incurred by a *covered person* for any drug approved by the United States Food and Drug Administration for use in the treatment of:

1. Cancer on the basis that the drug has not been approved by the United States Food and Drug Administration for the treatment of the specific type of cancer for which the drug has been prescribed, provided the drug has been recognized as safe and effective for treatment of that specific type of cancer in any of the *standard reference compendia*.
2. A covered indication so long as the drug has been approved for at least one indication and the drug is recognized for treatment of the covered indication in one of the *standard reference compendia* or in substantially accepted *peer-reviewed medical literature*.

MGR04430

C. The Preexisting Conditions Limitation provision is amended as follows:

1. The reference to 24 months in the definition of *preexisting condition* is changed to 12 months.

MGR03583

2. If a *covered person's effective date* of coverage under the *policy/certificate* occurs within 63 days of termination of the *covered person's* coverage under any prior *creditable coverage*, that *covered person* will be entitled to credit against the 12 month preexisting condition limitation waiting period of the *policy/certificate* for the same number of full months that the *covered person* was continuously covered, without any lapse of 63 days or more, under prior *creditable coverage*.

MGR03584

3. As used in this endorsement:

"*Creditable coverage*" means: (a) any individual or group health insurance coverage; (b) any health insurance coverage; (c) Medicare; (d) Medicaid; (e) coverage provided to members of the armed forces, including CHAMPUS; (f) Indian Health Service or tribal organization coverage; (g) any state health benefits risk pool (CHIP) plan coverage; (h) a governmental plan; (i) Public health coverage; or (j) health benefit coverage provided through the Peace Corps Act.

MGR03585

VIRGINIA ENDORSEMENT (Continued)

- D. Under the Coordination of Benefits ("COB") provision, the definition of *plan* will not include medical benefits under group or individual automobile contracts.

MGR03586

- E. The Reimbursement provision is deleted.

MGR03587

Except as specifically stated in this endorsement, the benefits under this endorsement are subject to all of the terms, conditions, exclusions, limitations and notification requirements of the *policy/certificate*, including any applicable *deductible amounts*, coinsurance provisions, copay amounts, or dollar limits.

MGR03440

This endorsement applies only to *covered persons* who reside in the state of Virginia.

The endorsement will not change, waive or extend any part of the *policy/certificate*, other than as stated herein.

This endorsement is effective on March 15, 2012 or at the same time as the *policy/certificate*, whichever is later.

Golden Rule Insurance Company


President

MGR03441



A UnitedHealthcare Company

Golden Rule Insurance Company
Lawrenceville, IL 62438-2395

For Inquiries: (800) 657-8205

The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

In this certificate, "*you*," or "*your*" will refer to the *primary insured* named below, and "*we*," "*our*" or "*us*" will refer to Golden Rule Insurance Company, a stock company. Defined terms are in italics.

AGREEMENT AND CONSIDERATION

We certify that, as of the applicable *effective date* shown below, *you* became insured under the group insurance *policy* shown below. We will pay benefits for a *loss* as set forth in the *policy*. This certificate is issued in exchange for and on the basis of the statements made on *your* application. This certificate will be void if we do not receive the initial premium for *your* coverage.

All provisions, limitations, and exclusions of the group insurance *policy* apply to the insurance evidenced by this certificate, even if not mentioned in this certificate.

President

Policy No.: {MASTER_POLICY_NO}
Policyholder: **FACT**

Check the attached application. If it is not complete or has an error, please let *us* know. An incorrect or incomplete application may cause *your* certificate to be voided and claims to be reduced or denied.

Primary Insured:
Certificate Number:
Effective Date:
Product:
Type of Plan:

Preexisting Conditions: Generally, for *covered* persons ages 19 years and older, a health condition which exists before the applicable *effective date* is not covered during the first 12 months of coverage, unless it was: (A) fully disclosed to *us* on the application for insurance; and (B) not excluded or limited by name or specific description. Certain *illnesses* are not covered during the first six months a person is insured. See the Waiting Periods clause in the General Exclusions and Limitations section.

10-Day Right to Examine: Please read *your* certificate. If *you* are not satisfied, *you* must notify *us* within 10 days of the date *you* received it. The certificate will then be void from its start and *we* will refund any premium paid, less claims paid.

This certificate contains notification requirements. Benefits may be reduced if the requirements are not met.

A Limited Exclusion of Aids or HIV Related Disease Claims is set forth in Section 7

SERFF Tracking Number: AMMS-128288540

State: Arkansas

Filing Company: Golden Rule Insurance Company

State Tracking Number:

Company Tracking Number: MGR04448 ET AL

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Product Name: Association Group

Project Name/Number: MGR04448 et al/MGR04448 et al

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: P-008-08 C-008-09 - Readability for Florida P-008 - Readability for Virginia Attachments: P-008-09 C-008-09 Readability Undated.pdf P-008 C-008 Readability Signed and Dated.pdf	Approved	05/11/2012
Bypassed - Item: Application Bypass Reason: Does not apply ot this filing. Comments:	Approved	05/11/2012
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Does not apply to this filing. Comments:	Approved	05/11/2012
Satisfied - Item: MGR04448 Objection Letter Comments: Attachment: MGR04448 Objection Letter April 25 2012.pdf	Approved	05/11/2012

Item Status: **Status
Date:**

SERFF Tracking Number: AMMS-128288540 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number:
Company Tracking Number: MGR04448 ET AL
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04448 et al/MGR04448 et al
Satisfied - Item: MGR04448 Filing Description Approved 05/11/2012
Comments:
Attachment:
MGR04448 Filing Description.pdf

Certification of Reading Ease

RE: Form (s) P-008-09 et al

C-008-09 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-008-09 et al (59.06)
C-008-09 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

Date



Michael L. Corne
Vice President

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

Objection Letter for AMMS-128288540

SERFF Tracking Number:	AMMS-128288540	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	
Company Tracking Number:	MGR04448 ET AL		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.002A Large Group Only - PPO
Product Name:	Association Group		
Project Name:	MGR04448 et al		

Objection Letter Status: Pending Industry Response

Objection Letter Date: 04/25/2012

Respond By Date: 05/25/2012

Submitted Date: 04/25/2012 11:39 AM

Dear Debra Paris,

Introduction:

Please provide the dates the forms were approved by the Florida and Virginia Insurance Departments.

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

[General Information](#)
 [Form Schedule](#)
 [Rate/Rule Schedule](#)
 [Supporting Documentation](#)
 [Companies and Contact](#)
 [Filing Fees](#)

Filing Correspondence

PPACA: Not PPACA-Related	
What is PPACA?	
Project Name: MGR04448 et al	Project Number: MGR04448 et al
Status of Filing in Domicile:	Date Approved in Domicile:
Domicile Status Comments:	
Filing Status 04/25/2012	State Status 04/25/2012
Changed:	Changed:
Company Status Changed:	Deemer Date:
Requested Filing Mode: Review & Approval	
Submission Type: New Submission	
Overall Rate Impact: %	
Market Type: Group	
Group Market Size: Large	Group Market Type: Association
Assigned To: Donna Lambert (primary)	
Created By: Pat Allison	Submitted By: Pat Allison
Corresponding Filing Tracking Number:	
Filing Description:	<p>We solicit your approval of the enclosed matrix paragraphs for delivery to residents of the states of Florida and Virginia. Golden Rule intends to use these forms in conjunction with our previously approved portfolio of group health forms to issue certificates to residents of Florida and Virginia issued under master policies to non-employer based association groups situated in the state of Arkansas. These matrix forms represent additional benefits mandated to residents of those states which will constitute state specific endorsements and will not be issued to residents of Arkansas.</p> <p>As discussed with Mr. Corne and Mr. Hampton during their visit on February 9, 2012, both of these states require that state specific forms issued to residents of their respective states be approved by the situs state of the policyholder before they will accept any filing of the forms. Golden Rule initially intends to issue these forms to the Federation of American Consumers and Travelers at their offices in Jonesboro, Arkansas.</p>

indicating the Flesch scores are 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 phone 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.