

State: Missouri 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: Missouri Insurance Bulletin 13-07/Missouri Insurance Bulletin 13-07

**General Information**

Project Name: Missouri Insurance Bulletin 13-07 Status of Filing in Domicile:  
 Project Number: Missouri Insurance Bulletin 13-07 Date Approved in Domicile:  
 Requested Filing Mode: Informational 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: 12/20/2013 Deemer Date:  
 State Status Changed: 12/27/2013 Submitted By: Pat Allison  
 Created By: Pat Allison  
 Corresponding Filing Tracking Number:  
 State TOI: H16G Group Health - Major Medical State Sub-TOI: H16G.002A Large Group Only - PPO

Filing Description:  
 CMS Transitional Policy

The referenced notice will be mailed to affected Missouri certificateholders (Certificate forms C-006.4 et al, C-009 et al) in accordance with Missouri Insurance Bulletin 13-07. Golden Rule’s plans in effect in your state evidence coverage under master policies issued in a state other than Missouri to a non-employer based association group, the Federation of American Consumers and Travelers. Golden Rule’s original portfolio of certificate forms was filed informationally with your Department on July 26, 1990. There have been additional filings over the years, as recently as January 4, 2013, SERFF Filing #AMMS-128789979.

In addition to the mandated notice, we have attached the signed attestation and list of certificate forms affected.

**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? No  
 Retaliatory? No  
 Fee Explanation:

**State Specific**

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/20/2013
Submitted Date	12/20/2013

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Dear John Howser,

**Introduction:**

I am writing in response to your December 19, 2013 Objection Letter.

**Response 1**

**Comments:**

There are 19,443 plans and 35,125 covered lives.

**Related Objection 1**

Applies To:

- Attestation (Supporting Document)

Comments: Please provide the number of affected groups and Missouri insureds under these policies.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,

Pat Allison

**Cover Letter:**

**Important Information about Health Care Reform and Your Health Insurance Coverage**

Dear Insured:

We are pleased to share good news with you about your health insurance coverage.

President Obama recently announced a transitional policy for compliance with the Affordable Care Act (ACA) for coverage that was in effect on or before October 1, 2013. Details were explained in a letter to state insurance commissioners, encouraging them to adopt this policy.

**As a result, you will now be able to maintain your current benefits, without any further ACA-compliant changes, through September 30, 2015.** This gives you additional time to understand how the ACA will work, especially for you and your family.

We will provide you with more specific information during the second quarter of 2015 about any ACA-required changes that need to be made to your plan after September 30, 2015.

We are required to provide you with the enclosed communication prepared by the Department of Health & Human Services. It suggests you contact us to keep your current plan, but that is not necessary.

**You can keep your current health plan by paying your premiums as usual.** Or you can choose a new plan with the ACA requirements during any open enrollment period. We hope you'll choose to stay with us!

We have appreciated the opportunity to serve you and hope you will continue to entrust us with your health insurance needs. Thank you for your business.

Sincerely,

A handwritten signature in black ink that reads "Patrick F. Carr". The signature is written in a cursive, flowing style.

Patrick F. Carr  
President and CEO

Dear Policyholder,

We are writing to inform you that, under federal guidance announced in November 2013, you may keep your existing coverage for the upcoming plan year beginning in 2014.

### **How Do I Keep My Current Plan?**

To keep your current plan, please contact us.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it will NOT provide all of the rights and protections of the health care law. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and that take effect for coverage beginning in 2014. As a result, your coverage:

- May not meet standards for fair health insurance premiums, so it can charge more based on factors such as gender or a pre-existing condition, and it doesn't have to comply with rules limiting the ability to charge older people more than younger people (section 2701).
- May not meet standards for guaranteed availability, so it can exclude customers based on factors such as a pre-existing condition (section 2702).
- May not meet standards for guaranteed renewability (section 2703).
- May not meet standards related to pre-existing conditions for adults, so it can exclude coverage for treatment of an adult's pre-existing condition (section 2704).
- May not meet standards related to discrimination based on health status (section 2705).
- May not meet standards for non-discrimination in providers (section 2706).
- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs and might have unlimited cost-sharing (section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a serious or life-threatening disease (section 2709).

### **How Do I Choose A Different Plan?**

You have new options and rights for getting quality, affordable health insurance. You may shop in the Health Insurance Marketplace, where all plans meet certain standards to guarantee health care security and no one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing condition. The Marketplace

allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits or other financial assistance to help you afford health insurance coverage through the Marketplace.

You can also get new health insurance outside the Marketplace. Most new plans guarantee certain protections, such as your ability to buy a plan even if you or your employees have a pre-existing condition. However, financial assistance is not available outside the Marketplace.

You should review your options as soon as possible, since you have to buy your coverage within a limited time period to preserve your consumer protections.

### **How Can I Learn More?**

To learn more about the Health Insurance Marketplace and protections under the health care law, visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596.

If you have questions, please contact us.