

State: Virginia
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Individual Short Term Medical
Project Name/Number: IST7-GRI-45/IST7-GRI-45

Table of Contents

User Usage Agreement

Attachments

Usage Agreement [Usage Agreement.pdf](#)

Form Attachments

	(ex. Form Name	Form Number	Attachment Name)
Medical Policy	IST7-E-D-GRI-45		IST7-E-D-GRI-45 rev 052621.pdf
Hospital-Surgical Policy	IST7-E-D-GRI-HS-45		IST7-E-D-GRI-HS-45 VA rev 052621.pdf
Virginia Grievance Procedures Endorsement	SA-S-1578-GRI-TI- 45(R3)		SA-S-1578-GRI-TI-45(R3).pdf
Mental Disorders and Substance- Related and Addictive Disorders Benefit Rider	SA-S-1955I-GRI		SA-S-1955I-GRI.pdf
Consecutive Short Term Plan Rider	SA-S-1993I-GRI		SA-S-1993I-GRI.pdf
Outpatient Prescription Drug Expense Benefits Rider	SA-S-1994I-E-GRI		SA-S-1994I-E-GRI.pdf
Outpatient Prescription Drug Expense Benefits Rider	SA-S-1995I-E-GRI		SA-S-1995I-E-GRI.pdf
Supplemental Accident Expense Benefits Rider	SA-S-1996I-GRI		SA-S-1996I-GRI.pdf
Preexisting Conditions Rider	SA-S-1997I-GRI		SA-S-1997I-GRI.pdf
Virtual Care Rider	SA-S-1998I-GRI		SA-S-1998I-GRI.pdf
Virginia Notice of Appeal Rights	NTC-127-G-TI-45-0119		NTC-127-G-TI-45-0119.pdf
Application	STM-AP-188I-E-GRI-45		STM-AP-188I-E-GRI-45.pdf

Rate-Rule Attachments

	(ex. Document Name	Attachment Name)
VA STM Gen 7 Ratebook		VA STM Gen 7 Ratebook.pdf

Supporting Document

Attachments

Certification of Compliance/Readability	Certificate of Compliance - Readability Certification 0521.pdf
Product Checklist	Applications Checklist signed.pdf
Product Checklist	Indiv STLDI Checklist 0321 IST7-E-D-GRI-45 signed.pdf
Product Checklist	Indiv STLDI Checklist 0321 IST7-E-D-GRI-HS-45 signed.pdf

State: Virginia **Filing Company:** Golden Rule Insurance Company
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L&H Actuarial Memorandum	VA STM Gen 7 Memorandum.pdf
Statements of Variability	Stmt of Variability STM-AP-188I-E-GRI-45.pdf
Statements of Variability	Stmt of Variability All Riders.pdf
Statements of Variability	Stmt of Variability IST7-E-D-GRI-45 rev 052621.pdf
Statements of Variability	Stmt of Variability IST7-E-D-GRI-HS-45 rev 052621.pdf
John Doe application	STM-AP-188I-E-GRI-45 john doe.pdf
Medical Monthly Premium Sample Calculation	Medical Monthly Premium Sample Calculation.xlsx
Redline 05-26-21	Redlined policy 052621.pdf

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Filing at a Glance

Company:	Golden Rule Insurance Company
Product Name:	Individual Short Term Medical
State:	Virginia
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.004 Short Term
Filing Type:	Form/Rate
Date Submitted:	03/31/2021
SERFF Tr Num:	AMMS-132709723
SERFF Status:	Pending State Action
State Tr Num:	AMMS-132709723
State Status:	Review Pending
Co Tr Num:	IST7-GRI-45

Effective

Date Requested:

Author(s): Pat Allison, Cindy Newell, Lori Moline, Deb Paris, Greg Dafler, Merry Walker, Carol King, Vicky Yan Ning, Kaitlin Adams

Reviewer(s): Renee Benard (primary), Bill Dismore

Disposition Date:

Disposition Status:

Effective Date:

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

General Information

Project Name: IST7-GRI-45
Project Number: IST7-GRI-45
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date: 06/25/2021
Submitted By: Cindy Newell

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/26/2021
State Status Changed: 05/26/2021
Created By: Merry Walker
Corresponding Filing Tracking Number:
State TOI: H16I Individual Health - Major Medical

Filing Description:

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
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Golden Rule Insurance Company is submitting the individual health insurance forms in this filing for review and approval for use in your state. This is a new filing that includes short term nonrenewable health policy forms. The maximum policy term is three months.

The forms will utilize an exclusive provider network. There are no out-of-network benefits, except for emergencies.

These short term policy forms will be issued to ages 19 through 64. They will be marketed to individuals through direct sales, the Internet, and normal brokerage operations.

In addition to the policy forms, the following forms are included in this filing:

- Two Outpatient Prescription Drug Expense Benefits Riders:
 - oSA-S-1994I-E-GRI, which will be issued with the plans that cover Tier 1 outpatient prescription drugs subject to a copayment amount and Tiers 2-4 subject to the plan deductible and coinsurance; and
 - oSA-S-1995I-E-GRI, which will be issued with the plans that cover outpatient prescription drugs subject to the plan deductible and coinsurance.
- Virginia Grievance Procedures Endorsement form SA-S-1578-GRI-TI-45(R3). This form will be attached to all policies issued in your state.
- Virginia Notice of Appeals Rights form NTC-127-G-TI-45-0119. This form will accompany all policies issued in your state.
- Mental Disorders and Substance-Related and Addictive Disorders Rider SA-S-1955I-GRI -- Golden Rule may or may not use this rider. If used, it covers mental disorders and substance-related disorders the same as a physical illness. This rider is not an insured option.
- Preexisting Conditions Rider form SA-S-1997I-GRI – Golden Rule may or may not use this rider. If used, it covers preexisting conditions up to \$30,000 per person per policy term. This rider is not an insured option.
- Consecutive Short Term Plans Rider form SA-S-1993I-GRI, which is an optional rider that will be issued to insureds who purchase consecutive short term plans at the time of application.
- Supplemental Accident Expense Benefits Rider form SA-S-1996I-GRI, which is an optional rider offered at the time of application. If elected by an applicant, this rider provides first-dollar benefits, up to the dollar amount in the rider, for coverage of certain covered expenses incurred within the specified time period following an accidental injury.
- Virtual Care Rider form SA-S-1998I-GRI, which is an optional rider offered at the time of application. If selected, this rider provides access to virtual visits with designated virtual care network providers through a virtual care vendor. This is an independent network of doctors. The insured pays a subscription fee for this service, and there is a \$0 consultation fee for immediate or urgent care virtual visits. The virtual visit vendor may provide access to additional services such as behavior health, nutrition, or dermatology at an additional cost to the member.
- Application for Short Term Medical Insurance form STM-AP-188I-E-GRI-45

This filing also includes:

- The Actuarial Memorandum and rates.
- The appropriate certification required by your state.
- A Statement of Variability for each form
- A Readability Certificate indicating the Flesch score of the policy form.

Because the forms in this filing have been drafted to reflect the requirements of Virginia law, they have not been filed in our domiciliary state of Indiana. None of the provisions in these forms are unusual or controversial, nor have they been previously objected to or prohibited.

To the best of my knowledge, this filing complies with the statutory and regulatory requirements of your state. If you should want to communicate regarding this filing outside of SERFF, you may call me at 317-715-7709 or you may e-mail me at

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TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
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cindy.newell@uhc.com.

Company and Contact

Filing Contact Information

Cindy Newell, Regulatory Affairs Consultant cindy.newell@uhc.com

7440 Woodland Drive 317-715-7709 [Phone]

Indianapolis, IN 46278-9645 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:

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

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Virginia	Filing Company:	Golden Rule Insurance Company
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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Disapproved	Mark Oppe	05/21/2021	05/21/2021

Response Letters

Responded By	Created On	Date Submitted
Cindy Newell	05/26/2021	05/26/2021

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Deemer	Note To Filer	Renee Benard	04/30/2021	04/30/2021

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Product Name: Individual Short Term Medical
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Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	05/21/2021
Submitted Date	05/21/2021
Respond By Date	06/20/2021

Dear Cindy Newell,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Please note, 14VAC5-101-110 provides the revised Certificate of Compliance language that should be included in all submissions. Please revise accordingly prior to resubmission.

Objection 2

Comments: Please include the phrase, local time, in the Effective and Termination sections.

Objection 3

Comments: Please note, this checklist has been revised and updated as of March 2021. The revised checklist can be found at <https://scc.virginia.gov/getattachment/fa02b6c2-b9ce-4844-a1aa-e8b6354905ee/indstldmmpo.pdf>. Please use the new checklist prior to resubmission.

Objection 4

Comments: Please provide screen shots of the Electronic Application under supporting documentation.

Objection 5

Comments: The Important Notice, as required by §38.2-3502 A should be provided on the first page of the policy. Please revise accordingly.

Objection 6

Comments: The definition of certain terms in the policies places restrictions on a practitioner who is a member of the immediate family or anyone who normally resides in the insureds home or residence. This objection is specific to the restriction placed on anyone who normally resides in the insureds home or residence if the company considers these individuals as someone other than immediate family members. 14VAC5-140-60 F 8 provides that services performed by a family member of the covered persons immediate family, and services for which no charge is normally made in the absence of insurance may be excluded by the policy. 14VAC5-140-60 F does not support restrictions placed on practitioners (other than immediate family members) that reside in the insureds home. This objection is applicable in the policies anywhere similar restrictive language appears.

Objection 7

Comments: The language in the Grace Period provision is more restrictive than permitted. Please revise to mirror the language found in §38.2-3503 A 3.

Objection 8

Comments: The Reinstatement provision is missing some key terms, such as the reference to the Grace period and the issuance of a Conditional Receipt. These are statutory requirements as shown in §38.2-3503 A 4. Please refer to the Code for

State: Virginia **Filing Company:** Golden Rule Insurance Company
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Project Name/Number: IST7-GRI-45/IST7-GRI-45

guidance.

Objection 9

Comments: The last paragraph in the Termination section includes language for Cancellation by Insured. This section should be separated and identified as such and the language should follow that as it is found in §38.2-3503 A 13.

Objection 10

Comments: The Notice of Claim section should include the address to which such notice is to be sent. Please revise accordingly.

Objection 11

Comments: Please revise the Conformity with State Law to read as it is written in §38.2-3504 9. Please note, it need only be stated one time in the policy.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Mark Oppe*

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Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/26/2021
Submitted Date	05/26/2021

Dear Renee Benard,

Introduction:

This is in response to the objection letter dated 05/21/2021.

Response 1

Comments:

The Certificate of Compliance has been revised.

Related Objection 1

Comments: Please note, 14VAC5-101-110 provides the revised Certificate of Compliance language that should be included in all submissions. Please revise accordingly prior to resubmission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certificate of Compliance - Readability Certification 0521.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The phrase "where your residence is located" has been added to the Effective Date and Termination Date paragraphs on page 3.

Related Objection 2

Comments: Please include the phrase, local time, in the Effective and Termination sections.

Changed Items:

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline 05-26-21
Comments:	
Attachment(s):	Redlined policy 052621.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Medical Policy	IST7-E-D-GRI-45	POL	Initial		53.700	IST7-E-D-GRI-45 rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell
2	Hospital-Surgical Policy	IST7-E-D-GRI-HS-45	POL	Initial		53.700	IST7-E-D-GRI-HS-45 VA rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell

No Rate/Rule Schedule items changed.

Response 3

Comments:

The product checklists have been updated using the March 2021 checklist.

Related Objection 3

Comments: Please note, this checklist has been revised and updated as of March 2021. The revised checklist can be found at <https://scc.virginia.gov/getattachment/fa02b6c2-b9ce-4844-a1aa-e8b6354905ee/indstldmmpo.pdf>. Please use the new checklist prior to resubmission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Applications Checklist signed.pdf Indiv STLDI Checklist 0321 IST7-E-D-GRI-45 signed.pdf Indiv STLDI Checklist 0321 IST7-E-D-GRI-HS-45 signed.pdf

No Form Schedule items changed.

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

No Rate/Rule Schedule items changed.

Response 4

Comments:

The electronic application is not created until after the forms have been approved.

Related Objection 4

Comments: Please provide screen shots of the Electronic Application under supporting documentation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

The notice is in the Agreement and Consideration provision on page 1 of the policy forms, where it states, "This policy is issued in exchange for the application you completed and payment of the first premium. Your application is a part of this policy. This policy was issued to you on the basis that the information shown on your application is correct and complete. Therefore, PLEASE READ YOUR APPLICATION. If it is not complete or has an error, please let us know. An incorrect or incomplete application may cause your policy to be voided or claims to be reduced or denied."

Related Objection 5

Comments: The Important Notice, as required by §38.2-3502 A should be provided on the first page of the policy. Please revise accordingly.

Changed Items:

No Supporting Documents changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The policy defines "immediate family" as including "any person residing with a covered person." Please see the definition on page 9 of the policy form. Therefore, someone residing with a covered person is considered to be a member of the covered person's immediate family.

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Related Objection 6

Comments: The definition of certain terms in the policies places restrictions on a practitioner who is a member of the immediate family or anyone who normally resides in the insureds home or residence. This objection is specific to the restriction placed on anyone who normally resides in the insureds home or residence if the company considers these individuals as someone other than immediate family members. 14VAC5-140-60 F 8 provides that services performed by a family member of the covered persons immediate family, and services for which no charge is normally made in the absence of insurance may be excluded by the policy. 14VAC5-140-60 F does not support restrictions placed on practitioners (other than immediate family members) that reside in the insureds home. This objection is applicable in the policies anywhere similar restrictive language appears.

Changed Items:

No Supporting Documents changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

There is nothing in Section 38.2-3503.A.3 that prohibits any of the other language in the Grace Period provision in the policy forms. If someone does not pay the premium amount due by the end of the grace period, then the policy terminates as of the last day for which premium had been paid, which would be the day before the grace period begins. Therefore, any claims occurring during the grace period would occur after the policy terminated. It is quite reasonable for the company to require repayment of benefits paid that should not have been paid because the policy/contract had terminated.

Related Objection 7

Comments: The language in the Grace Period provision is more restrictive than permitted. Please revise to mirror the language found in §38.2-3503 A 3.

Changed Items:

No Supporting Documents changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

The Reinstatement provision has been revised in both policy forms.

Related Objection 8

Comments: The Reinstatement provision is missing some key terms, such as the reference to the Grace period and the issuance of a Conditional Receipt. These are statutory requirements as shown in §38.2-3503 A 4. Please refer to the Code for guidance.

State: Virginia Filing Company: Golden Rule Insurance Company
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 Project Name/Number: IST7-GRI-45/IST7-GRI-45

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline 05-26-21
Comments:	
Attachment(s):	Redlined policy 052621.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Medical Policy	IST7-E-D-GRI-45	POL	Initial		53.700	IST7-E-D-GRI-45 rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell
2	Hospital-Surgical Policy	IST7-E-D-GRI-HS-45	POL	Initial		53.700	IST7-E-D-GRI-HS-45 VA rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell

No Rate/Rule Schedule items changed.

Response 9

Comments:

The language for cancellation by the insured has been made a separate provision and identified as such. The language has also been revised in accordance with Section 38.2-3503.A.13.

Related Objection 9

Comments: The last paragraph in the Termination section includes language for Cancellation by Insured. This section should be separated and identified as such and the language should follow that as it is found in §38.2-3503 A 13.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline 05-26-21
Comments:	
Attachment(s):	Redlined policy 052621.pdf

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Medical Policy	IST7-E-D-GRI-45	POL	Initial		53.700	IST7-E-D-GRI-45 rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell
2	Hospital-Surgical Policy	IST7-E-D-GRI-HS-45	POL	Initial		53.700	IST7-E-D-GRI-HS-45 VA rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell

No Rate/Rule Schedule items changed.

Response 10

Comments:

The address has been added to the Notice of Claim provision. It has been bracketed in case it should change. The Statements of Variability have also been updated.

Related Objection 10

Comments: The Notice of Claim section should include the address to which such notice is to be sent. Please revise accordingly.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Stmt of Variability STM-AP-188I-E-GRI-45.pdf Stmt of Variability All Riders.pdf Stmt of Variability IST7-E-D-GRI-45 rev 052621.pdf Stmt of Variability IST7-E-D-GRI-HS-45 rev 052621.pdf

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Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Stmt of Variability STM-AP-188I-E-GRI-45.pdf Stmt of Variability All Riders.pdf Stmt of Variability IST7-E-D-GRI-45 rev 052621.pdf Stmt of Variability IST7-E-D-GRI-HS-45 rev 052621.pdf

Satisfied - Item:	Redline 05-26-21
Comments:	
Attachment(s):	Redlined policy 052621.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
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2	Hospital-Surgical Policy	IST7-E-D-GRI-HS-45	POL	Initial		53.700	IST7-E-D-GRI-HS-45 VA rev 052621.pdf	Date Submitted: 05/26/2021 By: Cindy Newell

No Rate/Rule Schedule items changed.

Response 11

Comments:

The Conformity with State Laws provision in Section 13 General Provisions has been revised. The Conformity with State Law provision in the Coordination of Benefits subsection has been removed.

Related Objection 11

Comments: Please revise the Conformity with State Law to read as it is written in §38.2-3504 9. Please note, it need only be stated one time in the policy.

Changed Items:

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TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
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Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline 05-26-21
Comments:	
Attachment(s):	Redlined policy 052621.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
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No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Cindy Newell

State: Virginia **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Individual Short Term Medical
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Note To Filer

Created By:

Renee Benard on 04/30/2021 05:57 AM

Last Edited By:

Renee Benard

Submitted On:

04/30/2021 06:04 AM

Subject:

Deemer

Comments:

Golden Rule Insurance Company
SERFF Tracking No: AMMS-132709723
Form No(s): IST7-E-D-GRI-45 et al.

In accordance with § 38.2-316 E of the Code of Virginia, the Forms review period applicable to the above submission is extended for an additional thirty (30) days from 04/30/2021.

If you have any questions concerning this action, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Renee Benard
Sr. Insurance Market Examiner
Renee.benard@scc.virginia.gov

SERFF Tracking #:

AMMS-132709723

State Tracking #:

AMMS-132709723

Company Tracking #:

IST7-GRI-45

State:

Virginia

Filing Company:

Golden Rule Insurance Company

TOI/Sub-TOI:

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

Product Name:

Individual Short Term Medical

Project Name/Number:

IST7-GRI-45/IST7-GRI-45

Form Schedule

Lead Form Number: IST7-E-D-GRI-45

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Medical Policy	IST7-E-D-GRI-45	POL	Initial		53.700	IST7-E-D-GRI-45 rev 052621.pdf
2		Hospital-Surgical Policy	IST7-E-D-GRI-HS-45	POL	Initial		53.700	IST7-E-D-GRI-HS-45 VA rev 052621.pdf
3	Review Pending 04/12/2021	Virginia Grievance Procedures Endorsement	SA-S-1578-GRI-TI-45(R3)	POLA	Initial		53.700	SA-S-1578-GRI-TI-45(R3).pdf
4	Review Pending 04/12/2021	Mental Disorders and Substance-Related and Addictive Disorders Benefit Rider	SA-S-1955I-GRI	POLA	Initial		53.700	SA-S-1955I-GRI.pdf
5	Review Pending 04/12/2021	Consecutive Short Term Plan Rider	SA-S-1993I-GRI	POLA	Initial		53.700	SA-S-1993I-GRI.pdf
6	Review Pending 04/12/2021	Outpatient Prescription Drug Expense Benefits Rider	SA-S-1994I-E-GRI	POLA	Initial		53.700	SA-S-1994I-E-GRI.pdf
7	Review Pending 04/12/2021	Outpatient Prescription Drug Expense Benefits Rider	SA-S-1995I-E-GRI	POLA	Initial		53.700	SA-S-1995I-E-GRI.pdf
8	Review Pending 04/12/2021	Supplemental Accident Expense Benefits Rider	SA-S-1996I-GRI	POLA	Initial		53.700	SA-S-1996I-GRI.pdf
9	Review Pending 04/12/2021	Preexisting Conditions Rider	SA-S-1997I-GRI	POLA	Initial		53.700	SA-S-1997I-GRI.pdf
10	Review Pending 04/12/2021	Virtual Care Rider	SA-S-1998I-GRI	POLA	Initial		53.700	SA-S-1998I-GRI.pdf
11	Review Pending 04/12/2021	Virginia Notice of Appeal Rights	NTC-127-G-TI-45-0119	OTH	Initial			NTC-127-G-TI-45-0119.pdf
12	Review Pending 04/12/2021	Application	STM-AP-188I-E-GRI-45	AEF	Initial		53.700	STM-AP-188I-E-GRI-45.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
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State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
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
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

State:	Virginia	Filing Company:	Golden Rule Insurance Company
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number 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%

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA STM Gen 7 Ratebook		New		VA STM Gen 7 Ratebook.pdf,

SERFF Tracking #:	AMMS-132709723	State Tracking #:	AMMS-132709723	Company Tracking #:	IST7-GRI-45
State:	Virginia	Filing Company:	Golden Rule Insurance Company		
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term				
Product Name:	Individual Short Term Medical				
Project Name/Number:	IST7-GRI-45/IST7-GRI-45				

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	
Attachment(s):	Certificate of Compliance - Readability Certification 0521.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Applications Checklist signed.pdf Indiv STLDI Checklist 0321 IST7-E-D-GRI-45 signed.pdf Indiv STLDI Checklist 0321 IST7-E-D-GRI-HS-45 signed.pdf
Item Status:	
Status Date:	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA STM Gen 7 Memorandum.pdf
Item Status:	Review Pending
Status Date:	04/12/2021
Bypassed - Item:	L&H Readability - Health
Bypass Reason:	Does not apply to this filing.
Attachment(s):	
Item Status:	Review Pending
Status Date:	04/12/2021
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Stmnt of Variability STM-AP-188I-E-GRI-45.pdf Stmnt of Variability All Riders.pdf Stmnt of Variability IST7-E-D-GRI-45 rev 052621.pdf Stmnt of Variability IST7-E-D-GRI-HS-45 rev 052621.pdf
Item Status:	
Status Date:	
Satisfied - Item:	John Doe application

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
Product Name:	Individual Short Term Medical		
Project Name/Number:	IST7-GRI-45/IST7-GRI-45		

Comments:	
Attachment(s):	STM-AP-188I-E-GRI-45 john doe.pdf
Item Status:	Review Pending
Status Date:	04/12/2021

Satisfied - Item:	Medical Monthly Premium Sample Calculation
Comments:	
Attachment(s):	Medical Monthly Premium Sample Calculation.xlsx
Item Status:	Review Pending
Status Date:	04/12/2021

Satisfied - Item:	Redline 05-26-21
Comments:	
Attachment(s):	Redlined policy 052621.pdf
Item Status:	
Status Date:	