

State: Virginia **Filing Company:** Golden Rule Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.004 Short Term
Product Name: Individual Health
Project Name/Number: EOBS 2021R/EOBS 2021R

Table of Contents

User Usage Agreement

Attachments

Usage Agreement [Usage Agreement.pdf](#)

Form Attachments (ex. Form Name Form Number Attachment Name)

Explanation of Benefits *EOB18-INS-EXT-45* [EOB18-INS-EXT-45_Revised.pdf](#)

Explanation of Benefits Summary EOB18WC-INS-EXT-45 and Check [EOBWC18-INS-EXT-45_Revised.pdf](#)

Supporting Document (ex. Supporting Document Name Attachment Name)

Attachments

Explanation of Benefits [EOB Checklist Completed.pdf](#)

Explanation of Benefits [Certificate of Compliance.pdf](#)

Explanation of Benefits [Readability Certification.pdf](#)

Insured EOB John Doe Version [EOB18-INS-EXT-45_Final Rev John Doe.pdf](#)

Insured EOB CK Form John Doe Version [EOBWC18-INS-EXT-45_Rev John Doe.pdf](#)

Statement of Variability [VA EOB Statement of Variability_Rvsd.pdf](#)

Provider Explanation of Benefits [EOBWC18-PRV-EXT-45.pdf](#)

State:	Virginia	Filing Company:	Golden Rule Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.004 Short Term		
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Filing at a Glance

Company:	Golden Rule Insurance Company
Product Name:	Individual Health
State:	Virginia
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.004 Short Term
Filing Type:	Explanation of Benefits
Date Submitted:	03/04/2021
SERFF Tr Num:	AMMS-132745005
SERFF Status:	Closed-Approved
State Tr Num:	AMMS-132745005
State Status:	Review Pending
Co Tr Num:	EOBS 2021R

Effective

Date Requested:

Author(s): Pat Allison, Cindy Newell, Lori Moline, Deb Paris, Lisa Truttmann, Merry Walker, Carol King

Reviewer(s): Mike Lewis (primary)

Disposition Date: 05/18/2021

Disposition Status: Approved

Effective Date:

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

Project Name: EOBS 2021R	Status of Filing in Domicile: Not Filed
Project Number: EOBS 2021R	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: 05/18/2021
	State Status Changed: 03/05/2021
Deemer Date: 05/03/2021	Created By: Merry Walker
Submitted By: Carol King	Corresponding Filing Tracking Number:
	State TOI: H16I Individual Health - Major Medical

Filing Description:

Golden Rule Insurance Company is submitting the Explanation of Benefit forms enclosed for use with individual health coverage. This filing is being done in response to rejection of SERFF # AMMS-132721702 due to the Filing Type selected for that filing. Forms EOB18-INS-EXT-45 and EOBWC18-INS-EXT-45 are being filed pursuant to Rule 14VAC5-101. Brackets on each form indicate variations as outlined in the VA EOB Statement of Variability document, which has been attached to the Supporting Documentation tab. Forms EOBWC18-PRV-EXT-45 and EOB18-PRV-EXT-45, also attached to the Supporting Documentation tab, are being filed for informational purposes only. Also attached to the Supporting Documentation tab is a "John Doe" completed version of form EOB18-INS-EXT-45 for your reference.

All forms are new and have been drafted to reflect the requirements of Virginia law, therefore we have not filed them in our domiciliary state of Indiana. We have not included a request for rate change or approval, because the filing does not affect rates. 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 wish to communicate regarding this filing outside of SERFF, you may call me at 317-715-7941 or email me at carol_l_king@uhc.com

Company and Contact

Filing Contact Information

Carol King, Regulatory Affairs Analyst	carol_l_king@uhc.com
7440 Woodland Drive	317-715-7941 [Phone]
Indianapolis, IN 46278-1719	

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
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	AMMS-132745005	State Tracking #:	AMMS-132745005	Company Tracking #:	EOBS 2021R
State:	Virginia	Filing Company:	Golden Rule Insurance Company		
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Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
30 Day Extension - Deemer	Note To Filer	Mike Lewis	04/12/2021	04/12/2021

State: Virginia **Filing Company:** Golden Rule Insurance Company
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Note To Filer

Created By:

Mike Lewis on 04/12/2021 07:28 AM

Last Edited By:

Mike Lewis

Submitted On:

04/12/2021 07:57 AM

Subject:

30 Day Extension - Deemer

Comments:

In accordance with § 38.2-316 E of the Code of Virginia, the review period applicable to the above submission is extended for an additional thirty (30) days from 4/3/2021. If you have any questions concerning this action, please contact the undersigned. Thank you for your courtesy and consideration in this matter.

Sincerely,

Michael Lewis, HIA, DIA, DHP
Insurance Market Examiner

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Form Schedule

Lead Form Number: EOB18-INS-EXT-45								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Withdrawn 05/18/2021	Explanation of Benefits	EOB18-INS-EXT-45	OTH	Initial		54.000	EOB18-INS-EXT-45_Revised.pdf
2	Withdrawn 05/18/2021	Explanation of Benefits Summary and Check	EOB18WC-INS-EXT-45	OTH	Initial		54.000	EOBWC18-INS-EXT-45_Revised.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
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

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Supporting Document Schedules

Satisfied - Item:	Explanation of Benefits
Comments:	
Attachment(s):	EOB Checklist_Completed.pdf Certificate of Compliance.pdf Readability Certification.pdf
Item Status:	Received & Acknowledged
Status Date:	05/18/2021
Satisfied - Item:	Insured EOB John Doe Version
Comments:	
Attachment(s):	EOB18-INS-EXT-45_Final Rev John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	05/18/2021
Satisfied - Item:	Insured EOB CK Form John Doe Version
Comments:	
Attachment(s):	EOBWC18-INS-EXT-45_Rev John Doe.pdf
Item Status:	Received & Acknowledged
Status Date:	05/18/2021
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	VA EOB Statement of Variability_Rvsd.pdf
Item Status:	Received & Acknowledged
Status Date:	05/18/2021
Satisfied - Item:	Provider Explanation of Benefits
Comments:	
Attachment(s):	EOBWC18-PRV-EXT-45.pdf
Item Status:	Received & Acknowledged
Status Date:	05/18/2021