

11/23

DC 1707 LOCAL 389
Home Care
Employees
Pension
Fund

November 22, 2010



101 Avenue of the Americas
Suite 400N
New York, NY 10013
Tel: (212) 925-6033
Fax: (212) 925-5827

Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Office of Oversight
200 Independent Avenue, SW
Washington, DC 20201

Attention: James Mayhew, Room 737-F-04

Re: Application for Waiver of Annual
Limit Requirements of Public
Health Service Act Section 2711

Dear Mr. Mayhew:

We previously sent you a Federal Express package on November 22, 2010 that contained our application for waiver of annual limits. Please be advised our mailroom may have addressed the package to the wrong address, so we are sending you this second application just in case you did not receive the first.

Please disregard this application if you received our first submission.

If you have any questions please feel free to call 646-237-2668.

Sincerely,

Ismael Torres
Assistant Administrator

Enclosure

Executive Officer
Raglan George, Jr.

Trustees

Labor

Bertie Caraway
Raglan George, Jr.
Emily Moyer
Jeannette Pringle
Elizabeth Studdivant

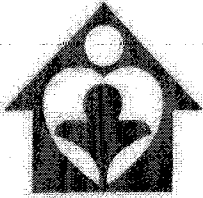
Management

Frank Boswell
Dorothy Brandreth
Kevin Byrne
Jean Fleury
Robert Leslie
Floretha Scantlebury

Fund Administrator
Tahia Khalil

DC 1707 LOCAL 389
Home Care
Employees
Health
& Welfare
Fund

November 17, 2010



Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Office of Oversight
200 Independence Avenue, SW
Washington, D. C. 20201

101 Avenue of the Americas
Suite 400N
New York, NY 10013
Tel: (212) 925-6033
Fax: (212) 925-5827

Attention: James Mayhew, Room 737-F-04

Re: Application for Waiver of Annual
Limits Requirements of Public
Health Service Act Section 2711

Dear Mr. Mayhew:

The DC 1707 Local 389 Home Care Employees Health and Welfare Fund (the "Fund") is a Taft-Hartley self-insured multi-employer Welfare Fund governed by the Employee Retirement Income Security Act of 1974, as amended and qualified under Section 501(c)(9) of the Internal Revenue Code, as amended. The Fund provides three programs of health benefits (the "Plans") covering Employees of Employers who have Collective Bargaining Agreements (CBA's) with DC 1707 Local 389, which represents the Participants of this Fund.

1. The Plans are funded by Employer contributions, which are paid into a Trust Fund. Employer contribution rates are set forth in the applicable (CBA's). The Fund's fiscal year is January 1, through December 31st. We are requesting the waiver for fiscal year 2011.
2. There are approximately (b)(4) total Participants currently covered by the Plans ((b)(4) Employees and (b)(4) Dependents). The participants are summarized by Plan below:

Executive Officer
Raglan George, Jr.

Trustees

Labor

Bertie Caraway
Raglan George, Jr.
Emily Moyer
Jeannette Pringle
Elizabeth Studdivant

Management

Frank Boswell
Dorothy Brandreth
Kevin Byrne
Robert Leslie
Jean Fleury
Floretha Scantlebury

Fund Administrator
Tahia Khalil

Employees
Dependents

(b)(4)

3. The Plans are applying for a waiver of the annual limits requirements of PHS Act Section 2711. The Plans currently have calendar year limits on medical benefits and the following annual limits for Hospital and Medical benefits for each of the following Plans.

Hospital (b)(4)
 Medical (b)(4)

The following sets forth the current and projected monthly contribution levels, with and without the waiver for each Plan, as follows:

Plan Name	<u>2010</u> Contribution Amount	<u>2011</u> Contribution Amount (if the annual limits remain in place)	<u>2011</u> Contribution Amount (if the annual limits are removed)
(b)(4)			

The above are Monthly Composite Contribution Rates (Per Participant)

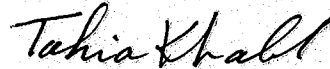
4. For the last Plan year ending December 31, 2009, the Fund received a total of (b)(4) in employer contributions and paid out a total of (b)(4) in benefits and expenses. Removing the annual limits on specific benefits and the overall annual limit on the respective Plans, as described above, will undoubtedly increase expenses. In addition, without even taking into consideration these changes, the projected annual trend increase for medical plans is (b)(4). Further, complying with the other requirements under the Acts (i.e. Age 26 dependent coverage) is projected to increase the plans' cost by up to (b)(4). Therefore compliance with these rules, if the annual limits are removed, could result in a significant increase in the contribution amounts needed to properly fund the Plans.

As the contribution amounts are set forth in Collective Bargaining Agreements, and based on the current economy, it is not likely that the Employers will agree to increase their required contributions.

Accordingly, the Trustees would have no alternative but to give up the Plans' grandfathered status and eliminate or reduce benefits currently being provided to equalize the Plans' expenses with the contributions received. Therefore, compliance with these rules would result in a significant decrease in access to benefits for those currently covered by the Plans as the Plans would be eliminated and/or replaced with a lower cost plan that would provide lesser benefits to those currently covered by the Plans.

I do hereby attest that I am the Fund Administrator and that the above Plans were in force prior to September 23, 2010 and that based upon the above information, the application of restricted annual limits to the Plans would result in a significant decrease in access to benefits for those currently covered by the Plans and/or a significant increase in the premium needed to cover the cost of the Plans without the Plans' current annual limits.

Very truly yours,



Tahia Khalil
Fund Director

For the last Plan year ending December 31, 2010, the Employer received a total of (b)(4) in employer contributions and paid out a total of (b)(4) in benefits and expenses. The annual limits on specific benefits and the (b)(4) limit on the respective Plans, as described above, will undoubtedly increase expenses. In addition, without even taking into consideration these changes, the projected annual trend increase for medical plans is 10% to (b)(4). Further, complying with the other requirements under the Acts (i.e. Age 26 dependent coverage) is projected to increase the plans' cost by up to (b)(4). Therefore compliance with these rules, if the annual limits are removed, could result in a significant increase in the contribution amounts needed to properly fund the Plans.

As the contribution amounts are set forth in Collective Bargaining Agreements, and based on the current economy, it is not likely that the Employers will agree to increase their required contributions.

Accordingly, the Trustees would have no alternative but to give up the Plans' grandfathered status and eliminate or reduce benefits currently being provided to equalize the Plans' expenses with the contributions received. Therefore, compliance with these rules would result in a significant decrease in access to benefits for those currently covered by the Plans as the Plans would be eliminated and/or replaced with a lower cost plan that would provide lesser benefits to those currently covered by the Plans.

I do hereby attest that I am the Fund Administrator and that the above Plans were in force prior to September 23, 2010 and that based upon the above information, the application of restricted annual limits to the Plans would result in a significant decrease in access to benefits for those currently covered by the Plans and/or a significant increase in the premium needed to cover the cost of the Plans without the Plans' current annual limits.

ANNUAL LIMIT WAIVER APPLICATION 2010

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
District Council 1707 Local 389 Home Care Employees Health & Welfare Fund	80 Hour Group	New York	NY	03/01/1989	Tahia Khalil	101 Avenue of the Americas, Suite 400N	New York	NY	10013	212-925-6033	tahiak@l389hw.org	Limited Benefit	Yes	Group	(b)(4)	
District Council 1707 Local 389 Home Care Employees Health & Welfare Fund	60 Hour Group	New York	NY	09/01/2000	Tahia Khalil	101 Avenue of the Americas, Suite 400N	New York	NY	10013	212-925-6033	tahiak@l389hw.org	Limited Benefit	Yes	Group		
District Council 1707 Local 389 Home Care Employees Health & Welfare Fund	HAPI	New York	NY	06/01/2005	Tahia Khalil	101 Avenue of the Americas, Suite 400N	New York	NY	10013	212-925-6033	tahiak@l389hw.org	Limited Benefit	Yes	Group		

ANNUAL LIMIT WAIVER APPLICATION 2010

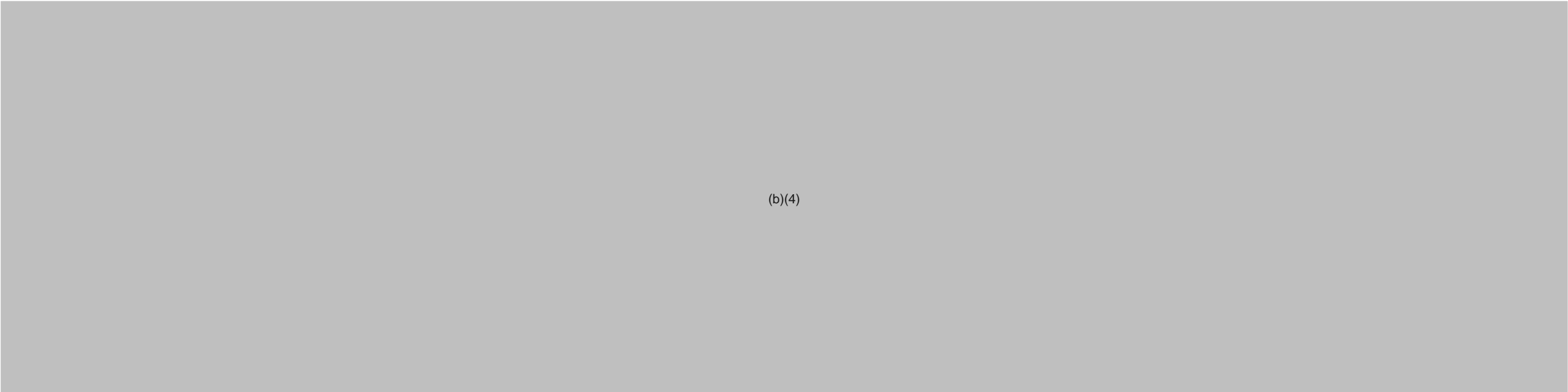
<p>PRA Disclosure Statement</p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1105. The time required to complete this information collection is estimated to average (8 hours) or (240 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>		
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ANNUAL LIMIT WAIVER APPLICATION 2010

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)

**Office Visit Hospital Inpatient Emergency Room Rx
Copays/Coinsurance Copay/Coinsurance Copay/Coinsurance Copay/Coninsurance**

Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription	Plan Deductible	Copay (if applicabl e)	Coinsuranc e (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsuran ce (if applicabl e)
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(b)(4)

ANNUAL LIMIT WAIVER APPLICATION 2010

ANNUAL LIMIT WAIVER APPLICATION 2010

Individual/ Employee Tier*	Current Monthly Premium Rates or Premium Equivalent Rates (in dollars)*:			Renewal Monthly Premium Rates or Premium Equivalent Rates if Waiver Granted (in dollars)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars) (Average Premium by Individual)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by Individual) (Difference of Column AT and AQ divided by Column AQ)	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly in cell or in a	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation
	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total				
												Tahia Khalil	Plan Administrator
												Tahia Khalil	Plan Administrator
												Tahia Khalil	Plan Administrator

(b)(4)

ANNUAL LIMIT WAIVER APPLICATION 2010

* When completing the columns requesting premium rate information, please express the premium rates as a composite rate (if premiums are a range based on years of service or age) and by tier (Employee, Employee + Spouse, Employee + Child, Family, etc.) as applicable. If you are an issuer, please provide the premium amount in the column titled, "Total" (Column AN, AQ and AT).

From: Morales, Veronica (HHS/OCIIO)
Sent: Wednesday, December 08, 2010 10:45 AM
To: 'Ismael Torres'; 'tahiak@l389hw.org'
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE:DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application
Attachments: Waiver Application Form.xls

Dear Applicant:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, [attached to the email] [and available at: http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html]. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?

In order to complete your application, please provide this information by 5:00 pm, December 9, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

From: Ismael Torres [<mailto:IsmaelT@l389hw.org>]
Sent: Tuesday, December 07, 2010 4:25 PM
To: Morales, Veronica (HHS/OCIIO)
Cc: Tahia Khalil
Subject: Application for Waiver of Annual Limits

Hello Ms. Morales,

I received the message you left me earlier this afternoon. If you have any questions or require additional information, please email your requests to:

Tahia Khalil, Fund Director
Email Address: tahiak@l389hw.org
Phone No.: (646) 237-2653

And

Ismael Torres, Assistant Adimistrator
Email Address: ismaelt@l389hw.org

A message with the above-mentioned information was also left on your voicemail.

Please confirm receipt of this email. Thank you.

DC 1707 L389:000012

Regards,

Ismael Torres
Assistant Administrator
D.C. 1707 Local 389 Home Care Employees
Health & Welfare Fund
101 Avenue of the Americas, Suite 400N
New York, NY 10013
Work: (646) 237-2668
Fax: (212) 941-6960
ismaelt@l389hw.org

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From: Tahia Kahlil [TahiaK@I389hw.org]
Sent: Wednesday, December 08, 2010 3:06 PM
To: Morales, Veronica (HHS/OCIIO); Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application
Attachments: Waiver Application Form.xls; waiver application.docx

Hello Veronica,

Please see the attached requested documents and our response to your second question below.

If you have any questions or require additional information please do not hesitate to contact me or Ismael.

From: Morales, Veronica (HHS/OCIIO) [<mailto:Veronica.Morales@hhs.gov>]
Sent: Wednesday, December 08, 2010 10:45 AM
To: Ismael Torres; Tahia Kahlil
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE:DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Dear Applicant:

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- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
Yes, the plan was in existence prior to March 23, 2010 and we are in compliance with grandfathering provisions to 45 CFR 147.140.

In order to complete your application, please provide this information by 5:00 pm, December 9, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: Ismael Torres [<mailto:IsmaelT@I389hw.org>]
Sent: Tuesday, December 07, 2010 4:25 PM
To: Morales, Veronica (HHS/OCIIO)
Cc: Tahia Kahlil
Subject: Application for Waiver of Annual Limits

Hello Ms. Morales,

DC 1707 L389:000014

I received the message you left me earlier this afternoon. If you have any questions or require additional information, please email your requests to:

Tahia Khalil, Fund Director
Email Address: tahiak@l389hw.org
Phone No.: (646) 237-2653

And

Ismael Torres, Assistant Adimistrator
Email Address: ismaelt@l389hw.org

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Please confirm receipt of this email. Thank you.

Regards,

Ismael Torres
Assistant Administrator
D.C. 1707 Local 389 Home Care Employees
Health & Welfare Fund
101 Avenue of the Americas, Suite 400N
New York, NY 10013
Work: (646) 237-2668
Fax: (212) 941-6960
ismaelt@l389hw.org

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From: Morales, Veronica (HHS/OCIIO)
Sent: Monday, December 20, 2010 11:00 AM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: FW: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: Val Edwards [<mailto:ValE@l389hw.org>]
Sent: Friday, December 17, 2010 4:52 PM
To: Morales, Veronica (HHS/OCIIO)
Subject: FW: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

From: Ismael Torres
Sent: Friday, December 17, 2010 3:37 PM
To: 'Morales, Veronica (HHS/OCIIO)'
Cc: 'Sheer, Jennifer (HHS/OCIIO)'; 'lmi1229@aol.com'; Tahia Kahlil
Subject: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Hello Ms. Morales,

Please be advised that D.C. 1707 Local 389 Home Care Employees Health and Welfare Fund is a multiemployer health fund, which means we have various Collective Bargaining Agreements. All agreements were ratified prior to October 3, 2008. Please note the expiration date of the contracts vary from employer to employer, and some are currently in negotiations. There is one agreement active, which will expire on June 30, 2011.

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

From: Morales, Veronica (HHS/OCIIO) [<mailto:Veronica.Morales@hhs.gov>]
Sent: Friday, December 17, 2010 11:50 AM
To: Tahia Kahlil; Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Good Morning,

In order to complete your waiver application, please address the following at your earliest convenience:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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DC 1707 L389:000016

From: Tahia Kahlil [<mailto:TahiaK@l389hw.org>]
Sent: Wednesday, December 08, 2010 3:06 PM
To: Morales, Veronica (HHS/OCIIO); Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Hello Veronica,

Please see the attached requested documents and our response to your second question below.

If you have any questions or require additional information please do not hesitate to contact me or Ismael.

From: Morales, Veronica (HHS/OCIIO) [<mailto:Veronica.Morales@hhs.gov>]
Sent: Wednesday, December 08, 2010 10:45 AM
To: Ismael Torres; Tahia Kahlil
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE:DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Dear Applicant:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, [attached to the email] [and available at: http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html]. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
Yes, the plan was in existence prior to March 23, 2010 and we are in compliance with grandfathering provisions to 45 CFR 147.140.

In order to complete your application, please provide this information by 5:00 pm, December 9, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Veronica W. Morales, J.D.
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Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: Ismael Torres [<mailto:IsmaelT@l389hw.org>]
Sent: Tuesday, December 07, 2010 4:25 PM
To: Morales, Veronica (HHS/OCIIO)
Cc: Tahia Kahlil
Subject: Application for Waiver of Annual Limits

Hello Ms. Morales,

I received the message you left me earlier this afternoon. If you have any questions or require additional information, please email your requests to:

DC 1707 L389:000017

Tahia Khalil, Fund Director
Email Address: tahiak@l389hw.org
Phone No.: (646) 237-2653

And

Ismael Torres, Assistant Adimistrator
Email Address: ismaelt@l389hw.org

A message with the above-mentioned information was also left on your voicemail.

Please confirm receipt of this email. Thank you.

Regards,

Ismael Torres
Assistant Administrator
D.C. 1707 Local 389 Home Care Employees
Health & Welfare Fund
101 Avenue of the Americas, Suite 400N
New York, NY 10013
Work: (646) 237-2668
Fax: (212) 941-6960
ismaelt@l389hw.org

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From: Ismael Torres [IsmaelT@l389hw.org]
Sent: Wednesday, December 22, 2010 11:21 AM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: FW: DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application

Hello Ms. Sheer,

We forgot to CC you on the below-mentioned email.

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

From: Tahia Kahlil
Sent: Tuesday, December 21, 2010 12:23 PM
To: Veronica.Morales@hhs.gov
Cc: Ismael Torres; Imi1229@aol.com
Subject: FW: DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application

Good afternoon Veronica,

Today I called and left message to follow up with annual limit waiver please email or call me as soon as you have an opportunity.
Thank you.

From: Tahia Kahlil
Sent: Friday, December 17, 2010 3:30 PM
To: 'Morales, Veronica (HHS/OCIIO)'
Cc: Sheer, Jennifer (HHS/OCIIO); Ismael Torres; 'Imi1229@aol.com'
Subject: RE: DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application

Hello Ms. Morales,

Please be advised that D.C. 1707 Local 389 Home Care Employees Health and Welfare Fund is a multiemployer health fund, which means we have various Collective Bargaining Agreements. All agreements were ratified prior to October 3, 2008. Please note the expiration date of the contracts vary from employer to employer, and some are currently in negotiations. There is one agreement active, which will expire on June 30, 2011.

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

From: Morales, Veronica (HHS/OCIIO) [\[mailto:Veronica.Morales@hhs.gov\]](mailto:Veronica.Morales@hhs.gov)
Sent: Friday, December 17, 2010 11:50 AM
To: Tahia Kahlil; Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application

Good Morning,

In order to complete your waiver application, please address the following at your earliest convenience:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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DC 1707 L389:000019

From: Tahia Kahlil [<mailto:TahiaK@l389hw.org>]
Sent: Wednesday, December 08, 2010 3:06 PM
To: Morales, Veronica (HHS/OCIIO); Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Hello Veronica,

Please see the attached requested documents and our response to your second question below.

If you have any questions or require additional information please do not hesitate to contact me or Ismael.

From: Morales, Veronica (HHS/OCIIO) [<mailto:Veronica.Morales@hhs.gov>]
Sent: Wednesday, December 08, 2010 10:45 AM
To: Ismael Torres; Tahia Kahlil
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE:DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Dear Applicant:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, [attached to the email] [and available at: http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html]. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.

- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
Yes, the plan was in existence prior to March 23, 2010 and we are in compliance with grandfathering provisions to 45 CFR 147.140.

In order to complete your application, please provide this information by 5:00 pm, December 9, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: Ismael Torres [<mailto:IsmaelT@l389hw.org>]
Sent: Tuesday, December 07, 2010 4:25 PM
To: Morales, Veronica (HHS/OCIIO)
Cc: Tahia Kahlil
Subject: Application for Waiver of Annual Limits

Hello Ms. Morales,

I received the message you left me earlier this afternoon. If you have any questions or require additional information, please email your requests to:

Tahia Khalil, Fund Director

DC 1707 L389:000020

Email Address: tahiak@l389hw.org
Phone No.: (646) 237-2653

And

Ismael Torres, Assistant Adimistrator
Email Address: ismaelt@l389hw.org

A message with the above-mentioned information was also left on your voicemail.

Please confirm receipt of this email. Thank you.

Regards,

Ismael Torres
Assistant Administrator
D.C. 1707 Local 389 Home Care Employees
Health & Welfare Fund
101 Avenue of the Americas, Suite 400N
New York, NY 10013
Work: (646) 237-2668
Fax: (212) 941-6960
ismaelt@l389hw.org

The information contained in this e-mail is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). This e-mail is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalties. If you received this e-mail in error, please contact the sender immediately by return e-mail and destroy the e-mail.

From: Morales, Veronica (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 4:59 PM
To: 'lmi1229@aol.com'; 'tahiak@l389hw.org'
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Dear Applicant:

Thank you for your information. Your application is now complete and you should receive a determination of your application within 30 days.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: lmi1229@aol.com [<mailto:lmi1229@aol.com>]
Sent: Sunday, December 19, 2010 10:04 AM
To: Morales, Veronica (HHS/OCIIO)
Cc: tahiak@l389hw.org
Subject: Fwd: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

-----Original Message-----

From: Ismael Torres <IsmaelT@l389hw.org>
To: Morales, Veronica (HHS/OCIIO) <Veronica.Morales@hhs.gov>
Cc: Sheer, Jennifer (HHS/OCIIO) <Jennifer.Sheer@hhs.gov>; lmi1229@aol.com; Tahia Kahlil <TahiaK@l389hw.org>
Sent: Fri, Dec 17, 2010 3:37 pm
Subject: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Hello Ms. Morales,

Please be advised that D.C. 1707 Local 389 Home Care Employees Health and Welfare Fund is a multiemployer health fund, which means we have various Collective Bargaining Agreements. All agreements were ratified prior to October 3, 2008. Please note the expiration date of the contracts vary from employer to employer, and some are currently in negotiations. There is one agreement active, which will expire on June 30, 2011.

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

From: Morales, Veronica (HHS/OCIIO) [<mailto:Veronica.Morales@hhs.gov>]
Sent: Friday, December 17, 2010 11:50 AM
To: Tahia Kahlil; Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Care Employees Pension Fund, Annual Limit Waiver Application

Good Morning,

In order to complete your waiver application, please address the following at your earliest convenience:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight

DC 1707 L389:000022

Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: Tahia Kahlil [<mailto:TahiaK@l389hw.org>]
Sent: Wednesday, December 08, 2010 3:06 PM
To: Morales, Veronica (HHS/OCIIO); Ismael Torres
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application

Hello Veronica,

Please see the attached requested documents and our response to your second question below.

If you have any questions or require additional information please do not hesitate to contact me or Ismael.

From: Morales, Veronica (HHS/OCIIO) [<mailto:Veronica.Morales@hhs.gov>]
Sent: Wednesday, December 08, 2010 10:45 AM
To: Ismael Torres; Tahia Kahlil
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE:DC 1707 Local 389 Home Catre Employees Pension Fund, Annual Limit Waiver Application

Dear Applicant:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, [attached to the email] [and available at: http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html]; Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:

Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?

Yes, the plan was in existence prior to March 23, 2010 and we are in compliance with grandfathering provisions to 45 CFR 147.140.

In order to complete your application, please provide this information by 5:00 pm, December 9, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Veronica W. Morales, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information & Insurance Oversight
Office of Consumer Support
Phone# (301) 492-4249
Email: veronica.morales@hhs.gov

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From: Ismael Torres [<mailto:IsmaelT@l389hw.org>]

DC 1707 L389:000023

Sent: Tuesday, December 07, 2010 4:25 PM
To: Morales, Veronica (HHS/OCIIO)
Cc: Tahia Khalil
Subject: Application for Waiver of Annual Limits

Hello Ms. Morales,

I received the message you left me earlier this afternoon. If you have any questions or require additional information, please email your requests to:

Tahia Khalil, Fund Director
Email Address: tahiak@l389hw.org
Phone No.: (646) 237-2653

And

Ismael Torres, Assistant Adimistrator
Email Address: ismaelt@l389hw.org

A message with the above-mentioned information was also left on your voicemail.

Please confirm receipt of this email. Thank you.

Regards,

Ismael Torres
Assistant Administrator
D.C. 1707 Local 389 Home Care Employees
Health & Welfare Fund
101 Avenue of the Americas, Suite 400N
New York, NY 10013
Work: (646) 237-2668
Fax: (212) 941-6960
ismaelt@l389hw.org

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From: Botwinick, Alexandra (HHS/OCIIO)

Sent: Wednesday, December 29, 2010 2:46 PM

To: tahiak@l389hw.org

Subject: District Council 1707 Local 389 Home Care Employees Health & Welfare Fund Waiver of the Annual Limits Requirements 12-29-2010

Importance: High

Follow Up Flag: Follow up

Flag Status: Green

Attachments: March 1 Acceptance Letter .pdf

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for District Council 1707 Local 389 Home Care Employees Health & Welfare Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

Please confirm receipt of this letter by replying to this e-mail.

Please let me know if I can be of further assistance.

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

alexandra.botwinick@hhs.gov



Date: October 2010

From: Steve Larsen, Director, Office of Oversight

Subject: Application for Waiver of the Annual Limits Requirements of PHS Act Section 2711

Dear Waiver Applicant:

Section 2711(a)(2) of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), requires the Secretary to impose restrictions on the imposition of annual limits on the dollar value of essential health benefits (as defined in section 1302(b) of the Affordable Care Act) for any participant or beneficiary in a new or existing group health plan or a new policy in the individual market for plan or policy years beginning on or after September 23, 2010 and prior to January 1, 2014. Specifically, the Secretary is granted the authority to determine what constitutes a “restricted annual limit” that can still be imposed under such plans or policies prior to January 1, 2014.

The interim final regulations published on June 28, 2010 (codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR § 147.126) established such restricted annual limits. The regulations also provided that these restricted annual limits may be waived by the Secretary of Health and Human Services (HHS) if compliance with the interim final regulations would result in a significant decrease in access to benefits or a significant increase in premiums. Pursuant to the regulation, HHS issued guidance on September 3 regarding the scope and process for applying for a waiver.

The Office of Consumer Information and Insurance Oversight, Office of Insurance Oversight received and processed your application for the plan(s) or policy(ies) year beginning March 1, 2011. We have determined that your application has met the criteria to obtain a waiver of the restricted annual limits requirements because compliance with the interim final regulations would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or a significant increase in premiums paid by those covered by such plans or policies. To the extent you make any change to your benefit package after March 23, 2010, you must determine whether the change(s) will trigger loss of grandfathering status pursuant to 45 CFR §147.140(g)(1).

An approval of your request for waiver of the restricted annual limits requirements granted under this process applies only to the annual limit(s) provided in your application for the plan or policy year beginning between September 23, 2010 and September 23, 2011. This waiver only applies

to the annual limits requirements in Section 2711 of the ACA and does not apply to any other requirement of the Affordable Care Act, ERISA, the IRS Code or the PHS Act. Further, a group

health plan or health insurance issuer must reapply for any subsequent plan or policy year prior to January 1, 2014 when this waiver expires in accordance with future guidance from HHS. HHS may modify this waiver approval process memorandum and other relevant information.

If you have any questions regarding this letter, please email OCIIOversight@hhs.gov.