



Jeryl A. Mitchell
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Adecco Group North America

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October 11, 2010

Mr. James Mayhew
Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
200 Independence Avenue, SW
Room 737-F-04
Washington, DC 20201

Re: Waiver Application Requests For Adecco, Inc.
Annual Limits Requirements of PHS Act Section 2711

Dear Mr. Mayhew:

We are writing to you to the Department of Health and Human Services ("HHS") with our waiver request.

The Public Health Service Act ("PHSA") § 2711(a)(2), as added by the Patient Protection and Affordable Care Act ("PPACA"), provides that effective for plan years beginning on or after September 23, 2010, a group health plan may not impose annual limits on the dollar value of essential benefits, except as permitted by the Secretary of HHS for plan years beginning prior to January 1, 2014.

Pursuant to the authority granted to the Secretary under Section 2711(a)(2) of the PHS Act, 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) provide that the Secretary may establish a program under which the requirements relating to annual limits may be waived for a group health plan that has an annual dollar limit if compliance with those requirements "would result in a significant decrease in access to benefits under the plan or health insurance coverage or would significantly increase premiums for the plan or health insurance coverage."

On September 3, 2010, *OCIIO Sub-Regulatory Guidance (OCIIO 2010 – 1): Process for Obtaining Waivers of the Annual Limits Requirements of PHS Act Section 2711* bulletin was issued. This waiver application is being filed pursuant to this guidance. As outlined in this bulletin, the following pages and attachments include the waiver application requirements:

1. The terms of the plan or policy.
2. The number of individuals covered.
3. The annual dollar limits and the rates.
4. A brief description of why 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 significant increase in premiums paid by those covered by such plans or policies and supporting documentation.
5. An attestation, signed by the plan administrator or Chief Executive Officer of the issuer of the coverage, certifying 1) that the plan was in force prior to September 23, 2010; and 2) that the application of restricted annual limits to such plans or policies 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.



REQUEST FOR WAIVER OF THE ANNUAL LIMITS REQUIREMENTS OF PHS ACT SECTION 2711 WITH RESPECT TO: Adecco, Inc. Welfare Benefit Plan, #712942

1. Terms of the policy form(s) for which a waiver is sought.

The current annual benefit maximums under these plans as illustrated in the attached SPDs range from (b)(4) for Outpatient Services and from (b)(4) for Inpatient Services. These annual benefit maximums were established to keep the cost of coverage affordable to the Adecco benefits eligible population who are offered these plans. Our request to obtain a waiver is to allow these annual limits to remain.

2. Number of individuals covered by the plan submitted.

Approximately (b)(4) individuals are covered currently under the plan as follows: (b)(4) in Option (b)(4) in Option 2 and (b)(4) in Option 3.

3. Annual limits and rates applicable to the plans submitted:

Benefit Limits	Benefits Offered
Doctor Office Visits	(b)(4)
Outpatient Care	
Inpatient Care	
Maternity Benefit	
Wellness Benefit/ Preventative Care	
Pharmacy	
Injury/Accident	

¹ Office Visit Annual Maximum Will Increase to (b)(4) in 2011.

² Annual Deductible is combined for all services.



Current Employer and Employee Cost For the Plan:

The plan is (b)(4) employee paid. Rates are illustrated by coverage tier and plan options below:

Monthly Premiums			
Coverage Tier	Option 1	Option 2	Option 3
Employee	(b)(4)		
Employee + 1 Dependent			
Employee + 2 or More Dependents			

4. Description of why compliance with the Interim Final Regulations (IFR) would result in a significant decrease in access to benefits for those currently covered by the plan, or a significant increase in premiums paid by those covered by the plan.

IFR states that for plan years beginning on or after September 23, 2010, but before September 23, 2011, the restricted annual limits on the dollar value of essential benefits cannot be lower than \$750,000.

The estimated monthly cost increase for the plan if it were to comply with the restricted annual limit of \$750,000 would be [redacted] per member per month. This represents a premium increase percentage range of (b)(4) for Options 1, 2 and 3 and would be a significant increase in the cost for individuals covered by the plan. Attached is supporting documentation from United Healthcare, the current carrier, which outlines one plan design option that meets the IFR requirements and the detailed costs.

Annual limits on plan benefits are designed to control the cost of the plans. If annual limits on plan benefits are removed, the cost of the plan would increase by multiples of where the cost is now.

5. Attestation

Attestation of the plan administrator is attached.

Sincerely,

Attachments:

- Plan Administrator Attestation
- 3 Summary Plan Descriptions (SPD) for Current Plans
- Carrier Cost Attestation for Plan with \$750K Annual Maximum



ATTESTATION OF
Adecco, Inc. Welfare Benefit Plan

I hereby certify the following:

1. I am the designated Plan Administrator for the Adecco, Inc. Welfare Benefit Plan, Group Number: 712942
2. The plan has been offered to employees of Adecco, Inc. prior to September 23, 2010.
3. The application of the restricted annual limits as specified in the interim final regulations published on June 28, 2010 (codified as 26 CFR 54.9815-2719T; 29 CFR 2590.71-2719; and 45 CFR 147.126) to the Plan would result in both a significant increase in premiums paid by those currently covered under the Plan and a significant decrease in access to benefits for those currently covered under the Plan.

Attested to by:

Jeryl Mitchell, CHRO
Plan Administrator

Date: 10 | 11 | 10

November 2, 2010

Dear Applicant:

RE: Adecco (Option 1)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the Adecco (Option 1):

1. Effective date of the renewal **January 1, 2011**

2. Annual limits of the policy. (b)(4)

3. (The premium amounts is t **ost to the employer and the employee)**

Monthly Premiums	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE	(b)(4)			
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

4. Indicate if **self-insured.**

5. Indicate the type of policy: Group or individual - **It is a group policy.**

6. Type of Plan:

<input checked="" type="checkbox"/> Limited Benefit	<input type="checkbox"/> Prescription	<input type="checkbox"/> HRA
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Other	

Please provide this information by 5:00 pm, November 4, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
301-492-4121

November 2, 2010

Dear Applicant:

RE: Adecco (Option 1)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the Adecco (Option 1):

1. Effective date of the renewal policy.
2. Annual limits of the policy.
3. (The premium amounts is the total cost to the employer and the employee)

	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

4. Indicate if the plan is fully-insured plan or a self-insured plan.
5. Indicate the type of policy: Group or individual

6. Type of Plan:

<input type="checkbox"/> Limited Benefit	<input type="checkbox"/> Prescription	<input type="checkbox"/> HRA
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Other	

Please provide this information by 5:00 pm, November 4, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
301-492-4121

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Sincerely,

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
301-492-4121

November 2, 2010

Dear Applicant:

RE: Adecco (Option 2)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the Adecco (Option 2):

1. Effective date of the renewal policy.
2. Annual limits of the policy.
3. (The premium amounts is the total cost to the employer and the employee)

	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

4. Indicate if the plan is fully-insured plan or a self-insured plan.
5. Indicate the type of policy: Group or individual

6. Type of Plan:

<input type="checkbox"/> Limited Benefit	<input type="checkbox"/> Prescription	<input type="checkbox"/> HRA
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Other	

Please provide this information by 5:00 pm, November 4, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
301-492-4121

November 2, 2010

Dear Applicant:

RE: Adecco (Option 3)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the Adecco (Option 3):

1. Effective date of the renewal **January 1, 2011**

2. Annual limits of the policy. (b)(4)

3. (The premium amounts is t **st** to the employer and the employee)

Monthly Premiums	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE	(b)(4)			
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

4. Indicate if **self-insured.**

5. Indicate the type of policy: Group or individual - **It is a group policy.**

6. Type of Plan:

<input checked="" type="checkbox"/> Limited Benefit	<input type="checkbox"/> Prescription	<input type="checkbox"/> HRA
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Other	

Please provide this information by 5:00 pm, November 4, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
301-492-4121

November 2, 2010

Dear Applicant:

RE: Adecco (Option 3)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the Adecco (Option 3):

1. Effective date of the renewal policy.
2. Annual limits of the policy.
3. (The premium amounts is the total cost to the employer and the employee)

	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

4. Indicate if the plan is fully-insured plan or a self-insured plan.
5. Indicate the type of policy: Group or individual

6. Type of Plan:

<input type="checkbox"/> Limited Benefit	<input type="checkbox"/> Prescription	<input type="checkbox"/> HRA
<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Other	

Please provide this information by 5:00 pm, November 4, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
301-492-4121

From: Botwinick, Alexandra (HHS/OCIO)
Sent: Friday, November 05, 2010 12:54 PM
To: 'Adam.Entenberg@adeccona.com'
Subject: Waiver of the Annual Limits Requirements of PHS Act Section 2711

Importance: High

Attachments: Updated Jan 1 Approval Letter .pdf
Mr. Entenberg,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for Adecco Group, Option1, Option 2, and Option 3. 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 address with a copy to OCIOOversight@hhs.gov.

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

Sincerely,

Alexandra Botwinick

Office of Oversight
HHS/OCIO
alexandra.botwinick@hhs.gov

ADDECO:000016

From: Entenberg, Adam [Adam.Entenberg@adeconna.com]
Sent: Friday, November 05, 2010 1:05 PM
To: Botwinick, Alexandra (HHS/OCIIO)
Cc: OCIIO Oversight
Subject: RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711
Hello – thanks for the email Per your request, I am confirming receipt.



Adam Entenberg
Director, Benefits & HRIS
Adecco Group NA
175 Broad Hollow Road
Melville, NY 11747
Tel: (631) 844-7345
Fax: (888) 491-8483
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www.Adeccogroupna.com

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From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Friday, November 05, 2010 12:54 PM
To: Entenberg, Adam
Subject: Waiver of the Annual Limits Requirements of PHS Act Section 2711
Importance: High

Mr. Entenberg,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for Adecco Group, Option1, Option 2, and Option 3. 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 address with a copy to OCIIOoversight@hhs.gov.

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

Sincerely,

Alexandra Botwinick

Office of Oversight
HHS/OCIIO
alexandra.botwinick@hhs.gov

ADDECO:000017

From: Entenberg, Adam [Adam.Entenberg@adeconna.com]

Sent: Tuesday, October 12, 2010 2:10 PM

To: HHS HealthInsurance (HHS)

Subject: Mini Med Waiver Request - Adecco

Attachments: 2010 SPDs Consultants - Associates.zip; Adecco HHS Waiver Plan Comparison.ppt; 20101012104719.pdf

Thank you



Adam Entenberg
Director, Benefits & HRIS
Adecco Group NA
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Melville, NY 11747
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adam.entenberg@adeconna.com
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ADDECO:000018

From: Scelzo, Kathleen (HHS/OCIO)
Sent: Tuesday, November 02, 2010 12:27 PM
To: 'Entenberg, Adam'
Cc: Habit, Sandra (HHS/OCIO)
Subject: Adecco Waiver Application (Options 1, 2, and 3)

Importance: High

Attachments: Adecco Option 3 Waiver Application Questions.doc; Adecco Option 1 Waiver Application Questions.doc; Adecco Option 2 Waiver Application Questions.doc

Adam Entenberg,

I left a message for you this afternoon alerting you about an e-mail you would receive from me concerning Adecco (Option 1, 2, and 3) application for Annual Limits Requirements of the PHS Act Section 2711. Attached above are the documents that need to be completed in order to finalize the application process.

Many thanks for your assistance with this document.

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIO)
Department of Health and Human Services
7501 Wisconsin Avenue
Bethesda, MD
301-492-4121

ADDECO:000019

From: Entenberg, Adam [Adam.Entenberg@adeconna.com]
Sent: Tuesday, November 02, 2010 4:17 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Adecco Waiver Application (Options 1, 2, and 3)

Attachments: Adecco Option 3 Waiver Application Questions.doc; Adecco Option 1 Waiver Application Questions.doc; Adecco Option 2 Waiver Application Questions.doc
Hi – thanks for you voicemail. Attached are the Adecco responses. Please let me know if you have any questions.

Thanks



Adam Entenberg
Director, Benefits & HRIS
Adecco Group NA
175 Broad Hollow Road
Melville, NY 11747
Tel: (631) 844-7345
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adam.entenberg@adeconna.com
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From: Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]
Sent: Tuesday, November 02, 2010 12:27 PM
To: Entenberg, Adam
Cc: Habit, Sandra (HHS/OCIIO)
Subject: Adecco Waiver Application (Options 1, 2, and 3)
Importance: High

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I left a message for you this afternoon alerting you about an e-mail you would receive from me concerning Adecco (Option 1, 2, and 3) application for Annual Limits Requirements of the PHS Act Section 2711. Attached above are the documents that need to be completed in order to finalize the application process.

Many thanks for your assistance with this document.

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
7501 Wisconsin Avenue
Bethesda, MD
301-492-4121


ADDECO:000020



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and
Insurance Oversight
Washington, DC 20201

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 January 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 OCIIOOversight@hhs.gov.