

10/21



BAC International Health Fund

620 F Street, NW; Washington, DC 20004
Phone: 202/783-3788
Fax: 202/383-3905

October 20, 2010

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

Attention: James Mayhew

Re: Waivers of the Annual Limits Requirements of PHS Act Section 2711

Dear Sir:

The Bricklayers & Allied Craftworkers International Health Fund ("IHF") established in 1988 provides health and welfare benefits to eligible members and dependents. The benefits are self-funded by employer contributions negotiated through collective bargaining. The required contribution rate needed to fund benefits is calculated annually on the anniversary date of the collective bargaining renewal and or wage/fringe benefit opener.

IHF currently has a \$^{Ex. 4} annual maximum on benefits for the IHF South Region Plan which was implemented to offset cost and to keep the contribution rate at a level signatory employers could afford and remain competitive against employer's not offering health and welfare benefits. The plan covers ^{Ex. 4} eligible members and dependents at an average hourly rate of \$^{Ex. 4}.

I attest that increasing the annual maximum from \$^{Ex. 4} to the allowable \$750,000 at the beginning of the plan year, January 1, 2011 will increase the hourly contribution from \$^{Ex. 4} to \$^{Ex. 4} see attached documentation. Since the collective bargaining wage/fringe benefit opener is not until May 2011 the increase in the hourly contribution needed to fund the increased benefit would need to be deducted from salary until the negotiation process was successfully completed, which may put the fund at risk of losing its grandfathering status immediately.

Therefore IHF is requesting a one year waiver on implementing the annual maximum from \$^{Ex. 4} to \$750,000 for the year 2011.

Thank you in advance for your consideration.

Sincerely,

Anne Codd
Executive Director

Enclosures

Page 2 redacted for the following reason:

Ex. 4

From: Keels, Lisa (HHS/OCIIO)

Sent: Tuesday, November 16, 2010 10:57 AM

To: acodd@bacweb.org

Cc: Habit, Sandra (HHS/OCIIO)

Subject: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Dear Anne,

Thank you for speaking with me this morning and 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:

- Please confirm whether the plan is a limited-benefit or a comprehensive plan.
- Please provide a complete, signed attestation in accordance with the language in the September 3rd Guidance (page 3, #5). A link to the guidance is as follows: http://www.hhs.gov/ociio/regulations/patient/ociio_2010-1_20100903_508.pdf
- Please provide the current premium rates and the projected premium rates applicable to the plan if the plan were to comply with the restricted annual benefits. In other words, we would like a chart that reflects the following information:

	2010 January Premium (current level)	2011 January Premium (renewal)	2011 January Premium (if \$750,000 annual limit was applied)
EE			
EE + Child (if applicable or other appropriate tier)			
EE + Spouse (if applicable or other appropriate tier)			
Family (if applicable or other appropriate tier)			

In order to complete your application, please provide this information preferably by 5:00pm today. We look forward to receiving your completed application.

Thank you again,
Lisa

Lisa M. Keels, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information and Insurance Oversight
Office of Oversight
lisa.keels@hhs.gov
301-492-4168

BAC IHF:000003

From: Keels, Lisa (HHS/OCIO)

Sent: Thursday, November 18, 2010 4:04 PM

To: acodd@bacweb.org

Cc: Habit, Sandra (HHS/OCIO)

Subject: FW: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Dear Anne,

I am following up about the email below requesting additional information for the Bricklayers & Allied Craftworkers International Health Fund Waiver Application.

In order to complete your application, please provide the information requested below by 5:00pm tomorrow, November 19, 2010. Again, we look forward to receiving your completed application.

Thank you,
Lisa Keels

From: Keels, Lisa (HHS/OCIO)

Sent: Tuesday, November 16, 2010 10:57 AM

To: 'acodd@bacweb.org'

Cc: Habit, Sandra (HHS/OCIO)

Subject: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Dear Anne,

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EE + Spouse (if applicable or other appropriate tier)			
Family (if applicable or			

BAC IHF:000004

other appropriate tier)			
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In order to complete your application, please provide this information preferably by 5:00pm today. We look forward to receiving your completed application.

Thank you again,
Lisa

Lisa M. Keels, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information and Insurance Oversight
Office of Oversight
lisa.keels@hhs.gov
301-492-4168

FACSIMILE TRANSMITTAL SHEET

INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS
620 F Street N.W. Washington, DC 20004

202-383-3987

FAX (202) 383-3905



DATE: 11-23-10

PLEASE FORWARD TO: Lisa Keels

FAX # _____

TRANSMITTED FROM: ~~M. [redacted]~~ Anne Good

THIS MESSAGE CONSISTS OF 5 PAGES INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE THE ENTIRE MESSAGE, PLEASE NOTIFY THIS OFFICE IMMEDIATELY AT (202) 383-3253

Codd, Anne

From: Codd, Anne
Sent: Tuesday, November 23, 2010 12:34 PM
To: 'Keels, Lisa (HHS/OCIIO)'
Cc: 'Habit, Sandra (HHS/OCIIO)'
Subject: RE: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information
Attachments: Letter- Restricted Annual Limits.pdf

Here it is again

Anne Codd
Executive Director
IUBAC Health Management Unit
Phone: 202-383-3976
Fax: 202-383-3905

This message is intended only for the use of the addressee. It may contain privileged or confidential information that is exempt from disclosure. Dissemination, distribution or copying of this message by anyone other than the addressee is strictly prohibited. If you received this message in error, please destroy the transmission (and any copies thereof) immediately.

From: Codd, Anne
Sent: Friday, November 19, 2010 8:22 AM
To: 'Keels, Lisa (HHS/OCIIO)'
Cc: 'Habit, Sandra (HHS/OCIIO)'
Subject: RE: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Please see below and attached.....Please don't hesitate to call or email if you have any additional questions

From: Keels, Lisa (HHS/OCIIO) [<mailto:Lisa.Keels@hhs.gov>]
Sent: Tuesday, November 16, 2010 10:57 AM
To: Codd, Anne
Cc: Habit, Sandra (HHS/OCIIO)
Subject: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Dear Anne,

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See attached

- Please provide the current premium rates and the projected premium rates applicable to the plan if the plan were to comply with the restricted annual benefits. In other words, we would like a chart that reflects the following information:

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EE + Spouse (if applicable or other appropriate tier)			
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In order to complete your application, please provide this information preferably by 5:00pm today. We look forward to receiving your completed application.

Thank you again,
Lisa

Lisa M. Keels, J.D.
U.S. Department of Health & Human Services
Office of Consumer Information and Insurance Oversight
Office of Oversight
lisa.keels@hhs.gov
301-492-4168

Anne Codd
Executive Director
IUBAC Health Management Unit
Phone: 202-383-3976
Fax: 202-383-3905

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From: Keels, Lisa (HHS/OCIO) [mailto:Lisa.Keels@hhs.gov]
Sent: Thursday, November 18, 2010 4:04 PM
To: Codd, Anne
Cc: Habit, Sandra (HHS/OCIO)
Subject: FW: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Dear Anne,

I am following up about the email below requesting additional information for the Bricklayers & Allied Craftworkers International Health Fund Waiver Application.

In order to complete your application, please provide the information requested below by 5:00pm tomorrow, November 19, 2010. Again, we look forward to receiving your completed application.

Thank you,
 Lisa Keels

From: Keels, Lisa (HHS/OCIO)
Sent: Tuesday, November 16, 2010 10:57 AM
To: 'acodd@bacweb.org'
Cc: Habit, Sandra (HHS/OCIO)
Subject: Bricklayers & Allied Craftworkers International Health Fund Waiver Application - Request for Additional Information

Dear Anne,

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EE + Child (if applicable or other appropriate tier)			
EE + Spouse (if applicable or other appropriate tier)			
Family (if applicable)			



BAC International Health Fund

620 F, NW; Washington, DC 20004
Phone: 888-880-8BAC
Fax: 202/383-3905

November 16, 2010

I certify that the plan was in force prior to September 23, 2010 and that the application of restricted annual limits to the plan would result in a significant decrease in access to benefits for those currently covered by this plan or a significant increase in premiums paid by those covered by the plan.

Sincerely,

Anne Codd
Executive Director

From: Keels, Lisa (HHS/OCIO)

Sent: Monday, November 29, 2010 10:42 AM

To: Habit, Sandra (HHS/OCIO)

Subject: Bricklayers & Allied Craftworkers International Health Fund - #209 - fax with additional information

Attachments: Bricklayers and Allied Craftworkers International Health Fund - Additional Information Fax.pdf

Hi Sandy,

I hope you had a wonderful Thanksgiving! Attached please find a pdf of a fax sent to me from Anne Codd, who is from Bricklayers & Allied Craftworkers International Health Fund. Anne had been replying to my emails, but for some reason none of her emails went through, so she faxed me the attached document.

Please let me know if you have any questions. Thanks!

Lisa

Lisa M. Keels, J.D.

U.S. Department of Health & Human Services

Office of Consumer Information and Insurance Oversight

Office of Oversight

lisa.keels@hhs.gov

301-492-4168

BAC IHF:000011

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Monday, December 06, 2010 8:12 AM
To: 'acodd@bacweb.org'
Subject: Waiver of the Annual Limits Requirements of PHS Act Section 2711

Importance: High

Attachments: Updated Jan 1 Approval Letter .pdf
Good Morning,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for **Bricklayers & Allied Craftworkers International Health 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 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


BAC IHF:000012



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.

From: Codd, Anne [acodd@bacweb.org]
Sent: Monday, December 06, 2010 8:19 AM
To: Botwinick, Alexandra (HHS/OCIIO)
Cc: OCIIO Oversight
Subject: RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711

Follow Up Flag: Follow up
Flag Status: Red
Thank you – this is confirmation of receipt.....

Anne Codd
Executive Director
IUBAC Health Management Unit
Phone: 202-383-3976
Fax: 202-383-3905

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From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Monday, December 06, 2010 8:12 AM
To: Codd, Anne
Subject: Waiver of the Annual Limits Requirements of PHS Act Section 2711
Importance: High

Good Morning,

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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