



**ASSURANT**  
Health

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September 29, 2010

www.assurant.com

James Mayhew  
Health and Human Services  
Office of Consumer Information and Insurance  
Office of Oversight  
Room 737-F-04  
200 Independence Ave. SW  
Washington D.C. 20201

Re: Waiver of Application of Time Insurance Company and John Alden Life Insurance Company's **KeyMed** and **Assurant Affordable Health Access A, B and C Products**

Dear Mr. Mayhew,

Beginning in 2008, we began selling the limited benefit plans titled Assurant Affordable Health Access. In 2007, we began selling KeyMed. These plans provide benefits for every day medical expenses such as office visits and prescription drugs. These plans include some outpatient and hospitalization coverage. We seek a waiver of the application of the imposition of the restricted annual limits portion of PPACA. The requests are set forth below:

Health Access A

1. Benefits under Health Access A, which is issued with no medical underwriting
  - 4 office visits per year at a maximum of (b)(4) visit for a total of maximum of (b)(4) per year for office visits
  - (b)(4) maximum per year for prescription drugs
  - (b)(4) per year for outpatient x-ray and laboratory services
  - (b)(4) per year for surgical services
2. There are currently (b)(4) plans with effective dates after 3/23/2010, whose next plan year begins 1/1/2011. We stopped selling this plan on June 15, 2010.
3. The annual limits we seek to maintain are listed above. The premium rates for this product vary by age family composition. A rate chart is attached. For example, a single person aged (b)(4) would pay (b)(4) in the monthly premium. For a husband (age (b)(4) and wife (b)(4) children, the monthly premium is (b)(4)
4. Compliance with the removal of the annual maximums would result in a significant increase in premiums paid by our insureds. The inc in premium necessary to account for removal of just the annual maximums is (b)(4) The additio he wellness benefits f product will result in a premium increase of (b)(4) for an overall increase of (b)(4)

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

5. Attestation of Chief Executive Officer is attached.

#### Health Access B

1. Benefits under Health Access B
  - (b)(4) office visits per year at a maximum of \$(b)(4)/visit for a total of maximum of \$(b)(4) per year for office visits
  - (b)(4) per year for prescription drugs
  - (b)(4) per year for outpatient services
  - 2 emergency room visits per year at a maximum of (b)(4)/year for a total annual maximum of (b)(4)
  - (b)(4) ground, (b)(4) air ambulance for 2 trips per year for a total annual maximum of (b)(4) ground, (b)(4) air
  - Up to (b)(4) day for sickness, (b)(4) /day for injury due to inpatient hospitalization, to a maximum of (b)(4) per year
  - Surgical services paid per a schedule, limited to (b)(4) per year
2. There are currently (b)(4) plans with effective dates after 3/23/2010, whose next plan year begins 1/1/2011. We stopped selling this plan September 15, 2010.
3. The annual limits we seek to maintain are listed above. The premium rates for this product vary by age and family composition. A rate chart is attached. For example, a single person aged (b)(4), would pay (b)(4) in the monthly premium. A husband (age (b)(4)) and wife with (b)(4) children, the monthly premium is (b)(4).
4. Compliance with the removal of the annual maximums would result in a significant increase in premiums paid by our insureds. The increase in premium necessary to account for removal of just the annual maximums is (b)(4). The addition of wellness benefits for this product will result in a premium increase of (b)(4), for an overall increase of (b)(4).
5. Attestation of Chief Executive Officer is attached.

#### Health Access C

1. Benefits under Health Access C
  - 4 office visits per year at a maximum of (b)(4)/visit for a total of maximum of (b)(4) per year for office visits
  - (b)(4) per year for prescription drugs
  - (b)(4) per year for outpatient services
  - (b)(4) emergency room visits per year at a maximum of (b)(4)/year for a total annual maximum of (b)(4)

- (b)(4) ground, (b)(4)/air ambulance for (b)(4) trips per year for a total annual maximum of (b)(4) ground, (b)(4) air
  - Up to (b)(4) /day for sickness, (b)(4) /day for injury due to inpatient hospitalization, to a maximum of (b)(4) per year
  - Surgical services paid per a schedule, limited to (b)(4) per year
2. There are currently (b)(4) plans with effective dates after 3/23/2010, whose next plan year begins 1/1/2011. We stopped selling this plan September 15, 2010.
  3. The annual limits we seek to maintain are listed above. The premium rates for this product vary by age and family composition. A rate chart is attached. For example, a single person aged (b)(4) would pay (b)(4) in the monthly premium. For a husband (age (b)(4) and wife with (b)(4) children, the monthly premium is (b)(4) .
  4. Compliance with the removal of the annual maximums would result in a significant increase in premiums paid by our insureds. The increase in premium necessary to account for removal of just the annual maximums is (b)(4) . The addition of the wellness benefits for this product will result in a premium increase of (b)(4), for an overall increase of (b)(4) .
  5. Attestation of Chief Executive Officer is attached.

KeyMed

1. Benefits under KeyMed  
Those with annual maximums:
  - (b)(4) office visits per year at a maximum of (b)(4) per year for office visits
  - (b)(4) per year for prescription drugs
  - (b)(4) per year for outpatient services
  - (b)(4) emergency room visits per year at a maximum of (b)(4) /year for a total annual maximum of (b)(4)
  - (b)(4) ground, (b)(4) /air ambulance for (b)(4) trips per year for a total annual maximum of (b)(4) ground, (b)(4) airThose with no annual maximums:
  - Surgical services paid per a schedule, with a (b)(4) per condition maximum
  - (b)(4) sickness, (b)(4) injury per inpatient hospitalization day, up to a (b)(4) maximum per condition
2. There are currently (b)(4) plans with effective dates after 3/23/2010, whose next plan year begins 1/1/2011. We stopped selling this plan June 15, 2010.
3. The annual limits we seek to maintain are listed above. The premium rates for this product vary by age and family composition. A rate chart is attached. For example, a single male aged (b)(4) who purchased the most popular plan would pay (b)(4) in

the monthly premium. For a husband (age (b)(4)) and wife with (b)(4) children, the monthly premium for that plan is (b)(4)

4. Compliance with the removal of the annual maximums would result in a significant increase in premiums paid by our insureds. The increase in premium necessary to account for removal of just the annual maximums is (b)(4). The addition of the wellness benefits for product will result in a premium increase of (b)(4) for an overall increase of (b)(4).
5. Attestation of Chief Executive Officer is attached.

We respectfully request that a waiver be granted as set forth above. Please contact me if you have questions or require additional information. Thank you for your consideration.

Sincerely,

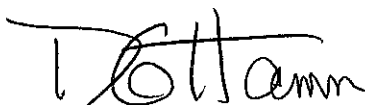


Julia M. Hix  
Vice President, Regulatory Compliance  
Assurant Health Compliance Officer  
julie.hix@assurant.com  
(T) (414) 299-7830  
(F) (414) 299-6168

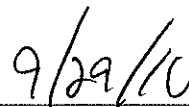
Attestation

Pursuant to the September 5, 2010 Insurance Standards Bulletin Series – Information, OCIIO Sub-Regulatory Guidance (OCIIO 2010 – 1): Process for Obtaining waivers of the Annual Limits Requirements of PHS Act Section 2711, I hereby attest to the best of my knowledge and belief, as follows:

1. HealthAccess plans A, B, and C, and KeyMed were in force prior to September 23, 2010.
2. Application of the restricted annual limits to such plans would result in a significant increase in premiums paid by those covered by such plans.



\_\_\_\_\_  
Donald Hamm, Chief Executive Officer  
Assurant Health, products underwritten by  
Time Insurance Company and John Alden Life  
Insurance Company



\_\_\_\_\_  
Date

Pages 6 through 7 redacted for the following reasons:

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Exemption (b)(6)

**From:** Alicia.Blake@Assurant.com  
**Sent:** Wednesday, September 29, 2010 4:45 PM  
**To:** HHS HealthInsurance (HHS)  
**Cc:** Julie.Hix@assurant.com; daniel.ziebell@assurant.com; linda.quartaro@assurant.com  
**Subject:** Waiver

**Attachments:** Waiver Application - Time Insurance Company and John Alden Life Insurance Company.pdf  
Please find the attached letter for waiver of application of the restricted annual limit requirements which includes exhibit attachments, including the required attestation.

Thank you,

Alicia Blake

Senior Contract Compliance Analyst  
Assurant Health  
Legal Department  
p: 414.299.8713

f: 414.299.6168 This e-mail message and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the addressee(s). If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, forwarding or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete this message and all copies and backups thereof. Thank you.

ASSURANT:000007

**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Tuesday, October 19, 2010 11:25 AM  
**To:** 'julie.hix@assurant.com'  
**Cc:** Habit, Sandra (HHS/OCIO)  
**Subject:** Regarding Assurant's application for annual limit waivers

Ms. Hix: I am currently reviewing your application for annual limit waivers for your four products. I have several questions:

It looks as if these are fully insured products for groups, is that correct? If this is not correct, please let me know what market these policies are for, e.g. individual market.

Also, it looks as if the effective dates for all products is 1/1/11. Is that correct?

Finally, would you to give us the premiums that underlie the percent increases? For example, you have noted percents like (b)(4) etc, but can you tell us what current premium that is based on and future premium amount if you had to comply with annual limit? Is that an average premium across all age and genders?

Thanks and feel free to contact me with questions.

Jane W. Andrews  
OCIO  
7501 Wisconsin Ave  
Bethesda, MD 20814  
301-492-4122 (desk)  
202-536-6779 (Blackberry)

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ASSURANT:000008



**From:** Julie.Hix@assurant.com  
**Sent:** Tuesday, October 19, 2010 12:34 PM  
**To:** Andrews, Jane (HHS/OCIO)  
**Cc:** Habit, Sandra (HHS/OCIO)  
**Subject:** Re: Regarding Assurant's application for annual limit waivers  
Jane and Sandra,

I will have a response back to you shortly. Julie

Julia Hix-Royer  
Vice President Assurant Regulatory Compliance  
and Assurant Health Compliance Officer  
501 West Michigan  
Milwaukee, WI 53201-3050  
t 4142997830  
f 4142996168

"If you want to be really good at something, its going to involve relentlessly pushing past your comfort zone, along with frustration, struggle, setbacks and failures."  
- -Tony Schwartz -

From: "Andrews, Jane (HHS/OCIO)" <Jane.Andrews@hhs.gov>  
To: "julie.hix@assurant.com" <julie.hix@assurant.com>  
Cc: "Habit, Sandra (HHS/OCIO)" <Sandra.Habit@hhs.gov>  
Date: 10/19/2010 10:25 AM  
Subject: Regarding Assurant's application for annual limit waivers

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Ms. Hix: I am currently reviewing your application for annual limit waivers for your four products. I have several questions:

It looks as if these are fully insured products for groups, is that correct? If this is not correct, please let me know what market these policies are for, e.g. individual market.

Also, it looks as if the effective dates for all products is 1/1/11. Is that correct?

Finally, would you to give us the premiums that underlie the percent increases? For example, you have noted percents like (b)(4) etc, but can you tell us what current premium that is based on and future premium amount if you had to comply with annual limit? Is that an average premium across all age and genders?

Thanks and feel free to contact me with questions.

Jane W. Andrews  
OCIO  
7501 Wisconsin Ave  
Bethesda, MD 20814  
301-492-4122 (desk)  
202-536-6779 (Blackberry)

ASSURANT:000009

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ASSURANT:000010

**From:** Botwinick, Alexandra (HHS/OCIO)  
**Sent:** Tuesday, October 26, 2010 3:06 PM  
**To:** 'alicia.blake@assurant.com'

**Importance:** High

**Attachments:** Updated Jan 1 Approval Letter .pdf  
Ms. Blake,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for Assurant Health. 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](mailto: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](mailto:alexandra.botwinick@hhs.gov)

ASSURANT:000011

**From:** Andrews, Jane (HHS/OCIIO)  
**Sent:** Thursday, October 21, 2010 12:30 PM  
**To:** 'Josh.Dau@assurant.com'  
**Cc:** 'Julie.Hix@assurant.com'; Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Assurant Health - Response to Waiver Questions

I received your information. Thank you. I see you have expressed these in an annual premium; however, we could take these annual premiums and divide by 12 to get the monthly premium, so I think this is all we need. Thanks again.

Jane W. Andrews  
OCIIO  
7501 Wisconsin Ave  
Bethesda, MD 20814  
301-492-4122 (desk)  
202-536-6779 (Blackberry)

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**From:** Josh.Dau@assurant.com [mailto:Josh.Dau@assurant.com]  
**Sent:** Thursday, October 21, 2010 11:58 AM  
**To:** Andrews, Jane (HHS/OCIIO)  
**Cc:** Julie.Hix@assurant.com; Habit, Sandra (HHS/OCIIO)  
**Subject:** Assurant Health - Response to Waiver Questions

Ms. Andrews:

In follow up to our call this morning and to your October 19, 2010 email, please see the additional information below in response to your questions regarding our waiver requests.

1. Product Type - The waiver requests are for plans sold in the individual market.
2. Effective Dates - All of these plans were issued prior to September 23, 2010. The next plan year will begin on January 1, 2011, which would be the effective date of the waiver.
3. Premiums - The premiums underlying the percent increases are detailed below. These are average premiums for all plans which would receive the waiver.

Product	Current Premium	% Increase	Future Premium
Health Access A			
Health Access B			
Health Access C			
KeyMed			

Thank you for taking time to discuss our request. Please contact me with any additional questions.

Sincerely,

Josh Dau  
Senior Counsel  
Assurant Health  
(414) 299-8790

ASSURANT:000012


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ASSURANT:000013

**From:** Josh.Dau@assurant.com  
**Sent:** Thursday, October 21, 2010 11:58 AM  
**To:** Andrews, Jane (HHS/OCIO)  
**Cc:** Julie.Hix@assurant.com; Habit, Sandra (HHS/OCIO)  
**Subject:** Assurant Health - Response to Waiver Questions  
Ms. Andrews:

In follow up to our call this morning and to your October 19, 2010 email, please see the additional information below in response to your questions regarding our waiver requests.

1. Product Type - The waiver requests are for plans sold in the individual market.
2. Effective Dates - All of these plans were issued prior to September 23, 2010. The next plan year will begin on January 1, 2011, which would be the effective date of the waiver.
3. Premiums - The premiums underlying the percent increases are detailed below. These are average premiums for all plans which would receive the waiver.

Product	Current Premium	% Increase	Future Premium
Health Access A			
Health Access B			
Health Access C			
KeyMed			

Thank you for taking time to discuss our request. Please contact me with any additional questions.

Sincerely,

Josh Dau  
Senior Counsel  
Assurant Health  
(414) 299-8790

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ASSURANT:000014

**From:** Alicia.Blake@Assurant.com  
**Sent:** Wednesday, October 27, 2010 9:14 AM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Cc:** OCIIO Oversight  
**Subject:** Re:

**Follow Up Flag:** Follow up  
**Flag Status:** Red

**Attachments:** 9.29.2010 Waiver Application - Time Insurance Company and John Alden Life Insurance Company.pdf; 10.8.2010 Waiver Application - RightStart and SaveRight.pdf  
Ms. Botwinick,

I received the approval letter for the Waiver of the Annual Limits Requirements you sent yesterday afternoon.

We submitted separate applications for different products. One application was submitted September 29th and additional information, as requested, was submitted to Jane Andrews on October 21st. The second application was submitted October 8th. Copies of both initial applications are attached below for your reference. Can you please indicate which application was approved?

Thank you,

Alicia Blake

Senior Contract Compliance Analyst  
Assurant Health  
Legal Department  
p: 414.299.8713  
f: 414.299.6168

---

From: "Botwinick, Alexandra (HHS/OCIIO)" <Alexandra.Botwinick@hhs.gov>  
To: "alicia.blake@assurant.com" <alicia.blake@assurant.com>  
Date: 10/26/2010 02:06 PM  
Subject:

---

Ms. Blake,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for Assurant Health. 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](mailto:OCIIOOversight@hhs.gov).

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

Sincerely,

ASSURANT:000015

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO

[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

[attachment "Updated Jan 1 Approval Letter .pdf" deleted by Alicia Blake/HEALTH/ASSURANT/US]  
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ASSURANT:000016



**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Wednesday, October 27, 2010 11:15 AM  
**To:** 'Alicia.Blake@Assurant.com'  
**Cc:** Habit, Sandra (HHS/OCIO); Botwinick, Alexandra (HHS/OCIO)  
**Subject:** Your other, October 8th waiver application

We don't seem to have a record of your October 8<sup>th</sup> waiver application, but we will get it in the queue now.

Jane W. Andrews  
OCIO  
7501 Wisconsin Ave  
Bethesda, MD 20814  
301-492-4122 (desk)  
202-536-6779 (Blackberry)

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ASSURANT:000017



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](mailto:OCIIOOversight@hhs.gov).