

**From:** Andrews, Jane (HHS/OCIIO)  
**Sent:** Thursday, September 30, 2010 11:33 AM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Cc:** Gary, Lapreea (HHS/OCIIO); Pham, Erica (HHS/OCIIO)  
**Subject:** please enter the information on spreadsheet for my recommendation of CIGNA's approval

**Importance:** High

**Follow Up Flag:** Follow up

**Flag Status:** Blue  
CIGNA

renewal/effective date  
(b) (4) individuals covered

The vast majority of individuals (b) (4) are in a plan managed by (b) (4) for patient care, (b) (4) for inpatient care, (b) (4) for AL for R, (b) (4) for pack, (b) (4) with (b) (4) for outpatient and (b) (4) for inpatient. Another package that covers (b) (4) individuals and (b) (4)

Their expected increase in rates for three commonly available packages are:

Starbridge E Series (b) (4)  
Starbridge Legacy (b) (4)  
Fundamental Care: (b) (4)

I recommend them for expedited approval. Thanks.

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

**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.

**Mary Fischer-McKee**

CIGNA Voluntary – Limited Benefit Plans  
2222 W. Dunlap Ave., Suite 350  
Phoenix, AZ 85021  
Office: 602-749-7514/Fax: 602-328-4013  
MMcKee@cignavoluntary.com



September 17, 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 – Annual Limits Requirements of PHS Act Section 2711  
**CIGNA Policy Forms for Limited Benefit Plans**  
*September 26<sup>th</sup> Renewal Case Pending Approval*

Dear Mr. Mayhew:

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 and a health insurance issuer offering group or individual coverage may not impose annual limits on the dollar value of essential benefits, *except* as permitted by the Secretary of Health and Human Services ("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 or health insurance coverage 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* was issued. This waiver application is being filed pursuant to this guidance.

Background:

Connecticut General Life Insurance Company (hereafter referred to as "CIGNA") is a health insurance issuer licensed in 50 states and the District of Columbia. CIGNA offers affordable, limited benefit group health insurance coverage through insurance policy forms issued directly to employers and/or to a multiple employer trust in which such employers participate (the "CIGNA Policy Forms").

"CIGNA HealthCare" or "CIGNA" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

CIGNA:000002

Mr. James Mayhew  
September 17, 2010  
Page 2

The CIGNA Policy Forms are offered to employers to provide limited health insurance coverage for their part-time, hourly and seasonal workers who are typically not eligible for any other employer sponsored group health plan or health insurance coverage. These workers often earn near minimum wage and are typically required to pay (b) (4) of the cost of the coverage – there is typically no employer contribution.

Approximately (b) (4) employers currently provide health insurance coverage for their part-time, hourly and seasonal employees through the CIGNA Policy Forms. The CIGNA Policy Forms are administered in accordance with the requirements of ERISA, COBRA, HIPAA and other applicable federal laws, and comply with applicable state mandated benefit requirements.

CIGNA appreciates the opportunity to submit its requests for waiver for the CIGNA Policy Forms. We sincerely believe that approval of the waiver requests is essential to ensure that part-time, hourly and seasonal workers maintain access to affordable, limited benefit health insurance coverage until subsidized, comprehensive coverage becomes available to them in 2014.

Sincerely,



Mary Fischer-McKee, Ph.D.  
Compliance Officer  
CIGNA Voluntary  
Limited Benefit Plans

# **REQUESTS FOR WAIVER OF THE ANNUAL LIMITS REQUIREMENTS OF PHS ACT SECTION 2711 WITH RESPECT TO THE “CIGNA POLICY FORMS”**

## **Waiver Request #1 – Current Clients:**

CIGNA hereby requests a waiver of the annual limits requirements under Section 2711 with respect to the CIGNA Policy Forms (as identified herein) and all insured group health plans whose health insurance coverage was provided under the CIGNA Policy Forms prior to September 23, 2010.

*Note: CIGNA has an existing September 26<sup>th</sup> group health plan covered under CIGNA Policy Forms with renewal pending approval.*

## **Waiver Request #2 – New Clients:**

CIGNA hereby requests a waiver of the annual limits requirements under Section 2711 with respect to the CIGNA Policy Forms (as identified herein) and all insured group health plans whose health insurance coverage was not provided by the CIGNA Policy Forms prior to September 23, 2010, but which may be provided by the CIGNA Policy Forms after September 23, 2010.

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

The CIGNA Policy Forms are designed to provide affordable, basic sickness and accident coverage. Most covered individuals enjoy access to CIGNA’s PPO network affording them the benefit of CIGNA’s negotiated discounts with hospitals, physicians and other health care providers. As described more fully in Section 3, the CIGNA Policy Forms utilize annual limits on the dollar value of certain essential health benefits to ensure that the coverage is affordable for the part-time, hourly and seasonal employees who typically earn near minimum wage and are required to pay the full cost of the health insurance coverage without any employer contribution. Sample summaries for the CIGNA Policy Forms reflecting the most popular coverage terms are submitted herewith in Exhibits A – F.

### **2. Number of individuals covered by the policy form(s) submitted.**

Approximately (b) (4) individuals are currently covered under the CIGNA Policy Forms.

### **3. Annual limit(s) and rates applicable to the policy form(s) submitted.**

Affordability is the paramount concern for the workers covered by the CIGNA Policy Forms as they are part-time, hourly and seasonal employees. CIGNA works with employers to provide affordable health insurance coverage for these workers for whom the affordability target is a weekly premium equal to wages for (b) hours per week. The actual premium rates for a particular group health plan are determined using a number of factors, including benefit configuration, group demographics (e.g., group size, employee turnover rate and average employee age). The following charts contain the high-level overview of the programs offered under the CIGNA Policy Forms. The center column contains the range of benefits offered by current group clients. The far-right column contains the most popular plan offerings among our currently enrolled membership. The rates follow the benefit charts.



Pages 5 through 7 redacted for the following reasons:

-----

(b)(4)



Page to be removed



Page to be removed

The weighted average for premium rates for the most popular grandfathered plans under the CIGNA Policy Forms are as follows:

Plan Series Name	Current Weighted Average Premium For Most Popular Grandfathered Plans
<b>Starbridge E-Series Programs</b> <b>Starbridge Legacy Programs</b> <b>Fundamental Care Program</b>	<div style="border: 1px solid red; padding: 5px; display: inline-block;">(b) (4)</div>

**4. Description of why compliance with the IFRs would result in a significant decrease in access to benefits for those currently covered by the policy, or a significant increase in premiums paid by those covered by the policy.**

The interim final regulations state that for policy 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 premium cost for the CIGNA Policy Forms were they to comply with the restricted annual limit of \$750,000 ranges from (b) (4) per month.\*

When compared to the current weighted average for premium under the most popular grandfathered plans requested by group health plans offering health insurance coverage through the CIGNA Policy Forms, this represents a premium increase ranging from:

Plan Series Name	Estimated Increase In Premium For Most Popular GF'd Plans For \$750k Annual Max*
<b>Starbridge E-Series Programs</b> <b>Starbridge Legacy Programs</b> <b>Fundamental Care Program</b>	<div style="border: 1px solid red; padding: 5px; display: inline-block;">(b) (4)</div>

All of the above would represent significant increases in the premiums for the workers covered by the CIGNA Policy Forms.

As stated in our cover letter, the CIGNA Policy Forms are intended to cover part-time, hourly, and seasonal workers who are typically responsible for paying the entire cost. The affordability target for these workers is the equivalent of wages for (b) hours per week. The magnitude of the premium increase required to comply with the restricted annual benefit level of \$750,000 would render the health insurance coverage provided by the CIGNA Policy Forms unaffordable for these workers. Unable to afford the premium increase, these workers would likely become uninsured, thereby decreasing their access to needed health care services.

*\*The impact for any specific case may vary. Impact may also vary where HHS guidance and/or state regulation varies from the assumptions made during the course of the preliminary estimated impact review.*

**5. Attestation**

Attestation of the Chief Executive Officer of Connecticut General Life Insurance Company is attached.



**ATTESTATION OF**  
**MATTHEW G. MANDERS**

I hereby certify the following:

1. I am the President and Chief Operating Officer of Connecticut General Life Insurance Company.
2. The "CIGNA Policy Forms" (as identified in the waiver request to which this attestation is attached) have been offered by Connecticut General Life Insurance Company to provide group health insurance coverage to employers and employee organizations sponsoring group health 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 CIGNA Policy Forms would result in both a significant increase in premiums paid by those currently covered under the CIGNA Policy Forms and a significant decrease in access to benefits for those currently covered under the CIGNA Policy Forms and to those who might desire obtain such coverage in the future.

Attested to by:



\_\_\_\_\_  
Matthew G. Manders,  
President, Chief Operating Officer

Date: September 15, 2010

# Exhibit A

Pages 10 through 15 redacted for the following reasons:

-----  
(b)(4)

# Exhibit B

Page to be removed

# Exhibit C

Page to be removed

# Exhibit D

Page to be removed

# Exhibit E

Page to be removed

# Exhibit F



Page to be removed

**From:** Botwinick, Alexandra (HHS/OCIO)  
**Sent:** Thursday, September 30, 2010 12:17 PM  
**To:** 'Fischer-McKee@cignavoluntary.com'  
**Subject:** Waiver of the Annual Limits Requirements of the PHS Act Section 2711

**Attachments:** Waiver App Approval Letter .pdf

Dear Applicant,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for CIGNA. HHS has reviewed your application and made its determination. Please see the attached letter.

Note this approval is effective for CIGNA's 9/26/2010 effective date.

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)

CIGNA:000016



**From:** Botwinick, Alexandra (HHS/OCIO)  
**Sent:** Friday, October 01, 2010 9:15 AM  
**To:** 'mmckee@cignavoluntary.com'  
**Subject:** Waiver of the Annual Limits Requirements of the PHS Act Section 2711

**Attachments:** Waiver App Approval Letter .pdf

Dear Applicant,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for CIGNA. HHS has reviewed your application and made its determination. Please see the attached letter.

Note this approval is effective for CIGNA's 9/26/2010 effective date.

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)

CIGNA: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 *SL*

**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 September 26, 2010. 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](mailto:OCIIOversight@hhs.gov).

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of	Current Annual	Current Premium Amount (Rate)	Projected Premium	% Rate Increase Attributed to Regulatory	% Total Rate	Benefits Decreases
	Cracker Barrel	RS, PAR 1-3 plan		09/09/2010	#####	Rains Vice President, LBP	LBP	Yes	Group							
	Cracker Barrel	PAR 4 Plan		09/09/2010	#####	Rains Vice President, LBP	LBP	Yes	Group							
	Fowler Packing Co	Plan 1 Plan 2		09/08/2010	10/1/2010 (renewal date)- 9/30/11	Ferguson   Account Executive		Yes	Group							
	UFCW/Seagal			09/02/2010	#####	Charrette, Chairwoman (860)	Mini med		Group							
	The Dixie Group Inc	The Masland Carpets Group Healthcare Plan		08/27/2010	June 19,2010- June 8, 2013	Davis, VP Human Resources	Mini med	Yes	Group							
	Groendyke Transport, Inc	Plan I Mini-Medical Plan		09/02/2010		Hodgen, Pres. & CEO 800-843-	Mini med	Yes	Group							
	PanAmerican Life			08/20/2010	#####	LaGrone, VP dlagrone@pana										
	Harden Healthcare	Harden Healthcare MAP Plan		09/09/2010	#####	Ellyson (512) 344-4210	Mini med		Group							
	Regis Corporation	Copper		09/10/2010	#####	Brown   Director - Health &	Limited	Yes	Group							
	Regis Corporation	Bronze		09/10/2010	#####	Brown   Director - Health &	Limited	Yes	Group							
	Belmont Village	Basic Plan		09/10/2010	#####	Schumacher Executive	Limited	Yes	Group							

(b) (4)

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of Enrollees	Current Annual Limit	Current Premium Amount (Rate) Monthly	Projected Premium Amount	% Rate Increase Attributed to Regulatory Annual Limit	% Total Rate Increase	Benefits Decrease
	Baptist Retirement	Core Option		09/10/2010	#####	Ellen Key, Compliance	Limited	Yes	Group	(b) (4)						
	Mountaire Corporation	The Plan- Level 1		09/10/2010	#####	Cable (501) 372-6524	Limited	Yes	Group							
	Mountaire Corporation	Level 2						Yes	Group							
	Mountaire Corporation	Level 3						Yes	Group							
	BSC Insurance			09/13/2010		Hickok, Asst. VP, (630)	Limited		Group							
	DISH Network	Minimum Coverage Plan		09/13/2010		LaPoint, VP of HR (303)		Yes								
	Allied Industries Health															
	The Pictsweet Co															
	Caliber Services				#####		Limited									
	AMF															
	Grace Living Centers															

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of	Current Annual	Current Premium Amount (Rate)	Projected Premium	% Rate Increase Attributed to Regulatory	% Total Rate	Benefits Decreases
	Trustmark															
	BCS Insurance						Limited		Group							
	GSC-ILA															
	Cottonwood Financial Local 17 Hospitality Benefit Fund				#####		Mini-med	Yes	Group							
	Greater Metro Hotel				#####											
	UFT Welfare Fund				#####											
	Aegis				#####											
	Maritime Association				#####											
	Aetna															

(b) (4)

GPM Investments

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of Enrollees	Current Annual Limit	Current Premium Amount (Rate) Monthly	Projected Premium Amount	% Rate Increase Attributed to Regulatory Annual Limit	% Total Rate Increase	Benefits Decrease
	CoverTN															
	UABT		Jane		#####											
	Reliance Standard															
	Beale Benefit Solutions															
	Preferred Care, Inc.															
	Guy C. Lee Mfg.															
	I.U.P.A.T Tennessee Valley Operating Engineers															
	HealthPort				#####											
	Jack in the Box				#####											
	Advanta				#####											

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of Enrollees	Current Annual Limit	Current Premium Amount (Rate) Monthly	Projected Premium Amount	% Rate Increase Attributed to Regulatory Annual Limit	% Total Rate Increase	Benefits Decrease
	Allflex				#####											
	VIVA Health				#####											
	Medical Card System				#####											
	Little				#####											
	Transport Workers				#####											
	Tri-Pak				#####											
	Cryogenic				#####											
	Metro Paving Fund				#####											
	Health Connector Health ans Welfare Benefit System				101/2010											
	PS-ILA															



ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of Enrollees	Current Annual Limit	Current Premium Amount (Rate) Monthly	Projected Premium Amount	% Rate Increase Attributed to Regulatory Annual Limit	% Total Rate Increase	Benefits Decrease
------	-----------	-------------	---------------	---------------	----------------	--------------	--	-----------------------	---------------------------	---------------------	----------------------	---------------------------------------	--------------------------	---	-----------------------	-------------------

PMPS-ILA

Swift  
Spinning

Case &  
Assoc

Cigna

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of Enrollees	Current Annual Limit	Current Premium Amount (Rate) Monthly	Projected Premium Amount	% Rate Increase Attributed to Regulatory Annual Limit	% Total Rate Increase	Benefits Decrease
------	-----------	-------------	---------------	---------------	----------------	--------------	--	-----------------------	---------------------------	---------------------	----------------------	---------------------------------------	--------------------------	---	-----------------------	-------------------

ID #	Applicant	Policy Name	Lead Reviewer	Date Received	Effective Date	Contact Info	Type of Coverage (e.g., mini med, limited benefit,	Self Insured (Yes/No)	Individual or Group (I/G)	Number of Enrollees	Current Annual Limit	Current Premium Amount (Rate) Monthly	Projected Premium Amount	% Rate Increase Attributed to Regulatory Annual Limit	% Total Rate Increase	Benefits Decrease
------	-----------	-------------	---------------	---------------	----------------	--------------	--	-----------------------	---------------------------	---------------------	----------------------	---------------------------------------	--------------------------	---	-----------------------	-------------------

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>										09/17/2010
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>										
Yes	<a href="#">Fowler Packing Co</a>										09/17/2010
	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>								Received prior to Sept. 3 memo		
No	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>								Received prior to Sept. 3 memo		
	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>								Received prior to Sept. 3 memo		
	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>								Received prior to Sept. 3 memo		
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>								(b) (4)		
Yes	<a href="#">Regis Corporation</a>										
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>									United HealthCare	

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>										09/17/2010
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>  <a href="#">Mountaire Corporation</a>  <a href="#">Mountaire Corporation</a>								(b) (4)		
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>										
Yes	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>										
	<a href="#">Allied Industries</a>					27.5	370.8333333	12.48484848			
Yes	<a href="#">The Pictsweet Co</a>					60.83333333		5.095890411			
Yes	<a href="#">Caliber Services</a>										
	<a href="#">AMF</a>										
	<a href="#">Grace Living Centers</a>										

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
	<a href="#">Trustmark</a>										
Yes	<a href="#">BCS Insurance</a>										
Yes	<a href="#">GSC-ILA</a>										
	<a href="#">Cottonwood Financial</a>										
Yes	<a href="#">Local 17 Hospitality Benefit Fund</a>										
	<a href="#">Greater Metropolitan Hotel</a>										
	<a href="#">UFT Fund</a>										
	<a href="#">Aegis Security Alliance</a>										
	<a href="#">Maritime Association</a>										
	<a href="#">Aetna</a>										
	<a href="#">GPM Investments</a>										

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
	<a href="#">CoverTN</a>										
	<a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>		Yes								
	<a href="#">Preferred Care, Inc</a>										
	<a href="#">Guy C. Lee Mfg</a>										
	<a href="#">I.U.P.A.T Tennessee Valley Operating Engineers</a>										
	<a href="#">HealthPort Oversight/Limited Benefit Plans/Annual Limits Waiver</a> <a href="#">Oversight/Limited Benefit Plans/Annual Limits Waiver</a>										

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										
	<a href="#">Oversight\Limited Benefit Plans\Annual Limits Waiver</a>										



Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
--------------------------	---	---------------------------------------	--	--------------------------	---------------	----------------	--------------------------------------	----------------	----------	----------	---------------------------

[Oversight/Limited Benefit Plans/Annual Limits Waiver](#)  
[Oversight/Limited Benefit Plans/Annual Limits Waiver](#)  
[Oversight/Limited Benefit Plans/Annual Limits Waiver](#)

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
--------------------------	---	---------------------------------------	--	--------------------------	---------------	----------------	--------------------------------------	----------------	----------	----------	---------------------------

Attestation Received Y/N	Brief Description/hyperlink to fuller description	Status: Under Review/Pending Approval	OCIO Staff Recommendation for Approval/Disapproval	Leadership Approval Date	Decision Date	Date of Waiver	Approval/Disapproval Letter Sent Y/N	Date of Letter	Comments	Provider	Requested Additional Info
--------------------------	---	---------------------------------------	--	--------------------------	---------------	----------------	--------------------------------------	----------------	----------	----------	---------------------------

**From:** Mary Fischer-McKee [Mary.Fischer-McKee@cignavoluntary.com]  
**Sent:** Tuesday, September 28, 2010 3:30 PM  
**To:** HHS HealthInsurance (HHS)  
**Subject:** FW: Waiver Question

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

**Attachments:** Annual Limits Waiver Application CIGNA Policy Forms 091710.pdf  
Hello,

I'm hoping you can help me.

My name is Mary Fischer-McKee and I work for CIGNA here in Phoenix, AZ.

Our office submitted the attached annual limits waiver application for our limited benefit policy forms through this e-mail box on September 17<sup>th</sup>.

We have a client whose coverage was scheduled to renew over the weekend (9/26) and who is anxiously awaiting word on the status of our waiver application.

We appreciate any information you can provide on the status of our application.

Thank you in advance for your help.

Best regards,

Mary Fischer-McKee  
**CIGNA Voluntary  
Limited-Benefit Plans**  
602-749-7514  
602-328-4013 (private fax)

*Confidential, unpublished property of CIGNA. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. Copyright 2010 CIGNA.*

*CONFIDENTIALITY NOTICE: If you have received this e-mail in error, please immediately notify the sender by e-mail at the address shown. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright 2010 CIGNA.*

---

From: Mary Fischer-McKee  
Sent: Friday, September 17, 2010 2:24 PM  
To: 'healthinsurance@hhs.gov'  
Cc: 'Hoagland, G. William 1265'; 'Potanka, Edward P ESQ B6LPA'  
Subject: Waiver Application Submission - CIGNA Policy Forms

Mr. Mayhew:

Attached please find the waiver application submission for the limited benefit programs offered on CIGNA Policy Forms.

If you have any questions or need any additional information, please let us know.

Best regards,

Mary Fischer-McKee, Ph.D.  
**CIGNA Voluntary  
Limited-Benefit Plans**  
602-749-7514

CIGNA:000036

602-328-4013 (private fax)

*Confidential, unpublished property of CIGNA. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. Copyright 2010 CIGNA.*

*CONFIDENTIALITY NOTICE: If you have received this e-mail in error, please immediately notify the sender by e-mail at the address shown. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright 2010 CIGNA.*

.  
.  
CONFIDENTIALITY NOTICE: If you have received this email in error, please immediately notify the sender by e-mail at the address shown. This email transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright 2010 CIGNA

\*\*\*\*\*



**Date:** September 24, 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 September 26, 2010. 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.

A waiver approval granted under this process applies only for the plan or policy year beginning between September 23, 2010 and September 23, 2011. 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 after reviewing the information provided in connection with the waiver process set forth in this memorandum and other relevant information.

If you have any questions regarding this letter, please email [OCIIOversight@hhs.gov](mailto:OCIIOversight@hhs.gov).

Sincerely,

Steve Larsen  
Director, Office of Oversight  
Office of Consumer Information and Insurance Oversight

**From:** Botwinick, Alexandra (HHS/OCIO)  
**Sent:** Friday, October 08, 2010 3:30 PM  
**To:** 'Mary Fischer-McKee'  
**Cc:** Andrews, Jane (HHS/OCIO)  
**Subject:** CIGNA WAIVER LETTER

**Attachments:** Cigna Approval Letter .pdf  
Ms. Fischer-McKee,

Please see the attachment for CIGNA's approval letter. Thank you for your patience in this matter.

Also, I understand you were speaking with Jane Andrews on a related issue, please contact her for follow up. Her phone number is 301-492-4122.

Have a great weekend!

Alexandra Botwinick

Office of Oversight  
HHS/OCIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

CIGNA:000040



**From:** Mary Fischer-McKee [Mary.Fischer-McKee@cignavoluntary.com]  
**Sent:** Friday, September 17, 2010 5:24 PM  
**To:** HHS HealthInsurance (HHS)  
**Cc:** Hoagland, G. William 1265; Potanka, Edward P ESQ B6LPA  
**Subject:** Waiver Application Submission - CIGNA Policy Forms

**Attachments:** Annual Limits Waiver Application CIGNA Policy Forms 091710.pdf  
Mr. Mayhew:

Attached please find the waiver application submission for the limited benefit programs offered on CIGNA Policy Forms.

If you have any questions or need any additional information, please let us know.

Best regards,

Mary Fischer-McKee, Ph.D.  
**CIGNA Voluntary**  
**Limited-Benefit Plans**  
602-749-7514  
602-328-4013 (private fax)

*Confidential, unpublished property of CIGNA. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. Copyright 2010 CIGNA.*

*CONFIDENTIALITY NOTICE: If you have received this e-mail in error, please immediately notify the sender by e-mail at the address shown. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright 2010 CIGNA.*

.  
.  
CONFIDENTIALITY NOTICE: If you have received this email in error, please immediately notify the sender by e-mail at the address shown. This email transmission may contain confidential information. This information is intended only for the use of the individual(s) or entity to whom it is intended even if addressed incorrectly. Please delete it from your files if you are not the intended recipient. Thank you for your compliance. Copyright 2010 CIGNA

\*\*\*\*\*