

12/01/10



# Brevard Achievement Center

insure its employees for traditional non-catastrophic health care needs.

November 29, 2010  
purpose of the AbilityOne federal service contracts is to assist in the care and development of persons with developmental disabilities to be citizens that can be productive in the workforce.

Department of Health & Human Services  
Office of Consumer Information & Insurance Oversight  
Office of Oversight  
Attention: James Mayhew  
Room 737-E-04  
200 Independence Avenue, SW  
Washington, D.C. 20201

January 1<sup>st</sup> through December 31<sup>st</sup> of each year. When responding about the waiver,

**RE: Application for Waiver for Brevard Achievement Center Health & Welfare Plan #501 Employer Identification Number 59-1203280**

Dear Mr. Mayhew,

Brevard Achievement Center, Inc. Health and Welfare Plan would like to apply for a waiver from the restricted annual limits of the PPACA following the procedures outlined in the memorandum of September 3, 2010.

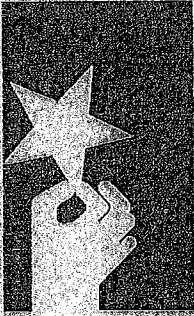
Enclosed please find:  
enclosures

- 1) The terms of the Summary Plan Description or policy form for which a waiver is sought. (Exhibit 1)
- 2) The number of individuals covered by the plan or policy form submitted is (b)(4)
- 3) Please see Exhibit 2, which is the plan's annual schedule of benefits. Plan details are in Exhibit 1. The premium is the wage determination rate of the federal contracts issued under the Service Contract Act. The premium is \$ (b)(4) and \$ (b)(4) per hour.
- 4) The plan provides limited benefits to the covered participants. The participants are primarily severely disabled working on a federal contract issued through AbilityOne (formerly the Javitz Wagner O'Day Act).

Federal requirements under the AbilityOne Act require that at least 75% of the service contract employees be severely disabled or have developmental disabilities. Because the insured population is severely compromised, the company cannot afford the premiums (if they were insurable) of traditional major

- board of directors officers**
- Michael Miller chair
  - D. Travis Proctor vice chair
  - Diane E. Payne secretary
  - Judy Maiorani treasurer
  - Robert Sands past chair
- directors**
- Robert T. Anderson
  - Joseph Astramskas
  - Linda Cobb
  - John H. Nostrand
  - Janice Oberwetter
  - Amar Patel
  - Anne Pieprzyn
  - Stanley Starr
  - Ralph W. Swanson, Ph.D.
  - Rose Thron
  - Blaise Trettis
  - Mary Jane Watson
- president**
- Dayle Olson






brevard achievement center

I, Dayle Olson, President of Brevard Achievement Center, Inc. attest that:

- 1) The Brevard Achievement Center, Inc. Health and Welfare Plan was in force on September 23, 2010.
- 2) The application of restricted annual limits to the Brevard Achievement Center, Inc. Health and Welfare Plan will result in a significant decrease in access to benefits for our plan participants and a significant increase in premiums paid if our company had to provide major medical coverage. Please see our application and reasons for requesting a waiver explained by our plan's third party administrator, Health & Welfare Benefit Systems, Inc.

Acknowledged and confirmed this 29<sup>th</sup> day of November, 2010.

  
 \_\_\_\_\_  
 Dayle Olson, President

board of directors  
officers

Michael Miller  
*chair*

D. Travis Proctor  
*vice chair*

Diane E. Payne  
*secretary*

Judy Maiorani  
*treasurer*

Robert Sands  
*past chair*

directors

Robert T. Anderson

Joseph Astramskas

Linda Cobb

John H. Nostrand

Janice Oberwetter

Amar Patel

Anne Pieprzyn

Stanley Starr

Ralph W. Swanson, Ph.D.

Rose Thron

Blaise Trettis

Mary Jane Watson

president

Dayle Olson



voice/TTY 321.632.8610

fax 321.631.8207

1845 Cogswell Street, Rockledge, Florida 32955

www.bacbrevard.com

how achievement works!

Page 3 redacted for the following reason:

-----

(b)(4)

Page 4 redacted for the following reason:

-----

(b)(4)

Page 5 redacted for the following reason:

-----

(b)(4)

Page 6 redacted for the following reason:

-----

(b)(4)

Page 7 redacted for the following reason:

-----

(b)(4)

Page 8 redacted for the following reason:

-----

(b)(4)



Page 9 redacted for the following reason:

-----

(b)(4)

Page 10 redacted for the following reason:

-----

(b)(4)

Page 11 redacted for the following reason:

-----

(b)(4)

Page 12 redacted for the following reason:

-----

(b)(4)

Page 13 redacted for the following reason:

-----

(b)(4)

Page 14 redacted for the following reason:

-----

(b)(4)

Page 15 redacted for the following reason:

-----

(b)(4)

Page 16 redacted for the following reason:

-----

(b)(4)



Page 17 redacted for the following reason:

-----

(b)(4)

Page 18 redacted for the following reason:

-----

(b)(4)

Page 19 redacted for the following reason:

-----

(b)(4)

Page 20 redacted for the following reason:

-----

(b)(4)

Page 21 redacted for the following reason:

-----

(b)(4)

Page 22 redacted for the following reason:

-----

(b)(4)

Page 23 redacted for the following reason:

-----

(b)(4)

Page 24 redacted for the following reason:

-----

(b)(4)



Page 25 redacted for the following reason:

-----

(b)(4)

Page 26 redacted for the following reason:

-----

(b)(4)

Page 27 redacted for the following reason:

-----

(b)(4)

Page 28 redacted for the following reason:

-----

(b)(4)

Page 29 redacted for the following reason:

-----

(b)(4)

Page 30 redacted for the following reason:

-----

(b)(4)

Page 31 redacted for the following reason:

-----

(b)(4)

Page 32 redacted for the following reason:

-----

(b)(4)



Page 33 redacted for the following reason:

-----

(b)(4)

Page 34 redacted for the following reason:

-----

(b)(4)

Page 35 redacted for the following reason:

-----

(b)(4)

Page 36 redacted for the following reason:

-----

(b)(4)

Page 37 redacted for the following reason:

-----

(b)(4)

Page 38 redacted for the following reason:

-----

(b)(4)

Page 39 redacted for the following reason:

-----

(b)(4)

Page 40 redacted for the following reason:

-----

(b)(4)



Page 41 redacted for the following reason:

-----

(b)(4)

Page 42 redacted for the following reason:

-----

(b)(4)

Page 43 redacted for the following reason:

-----

(b)(4)

Page 44 redacted for the following reason:

-----

(b)(4)

Page 45 redacted for the following reason:

-----

(b)(4)

Page 46 redacted for the following reason:

-----

(b)(4)

Page 47 redacted for the following reason:

-----

(b)(4)

Page 48 redacted for the following reason:

-----

(b)(4)



Page 49 redacted for the following reason:

-----

(b)(4)

Page 50 redacted for the following reason:

-----

(b)(4)

Page 51 redacted for the following reason:

-----

(b)(4)

Page 52 redacted for the following reason:

-----

(b)(4)

Page 53 redacted for the following reason:

-----

(b)(4)

Page 54 redacted for the following reason:

-----

(b)(4)

Page 55 redacted for the following reason:

-----

(b)(4)

Page 56 redacted for the following reason:

-----

(b)(4)



Page 57 redacted for the following reason:

-----

(b)(4)

Page 58 redacted for the following reason:

-----

(b)(4)

Page 59 redacted for the following reason:

-----

(b)(4)

Page 60 redacted for the following reason:

-----

(b)(4)

Page 61 redacted for the following reason:

-----

(b)(4)

Page 62 redacted for the following reason:

-----

(b)(4)

Page 63 redacted for the following reason:

-----

(b)(4)

Page 64 redacted for the following reason:

-----

(b)(4)



Page 65 redacted for the following reason:

-----

(b)(4)

Page 66 redacted for the following reason:

-----

(b)(4)

Page 67 redacted for the following reason:

-----

(b)(4)

Page 68 redacted for the following reason:

-----

(b)(4)

Page 69 redacted for the following reason:

-----

(b)(4)

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Thursday, December 16, 2010 4:07 PM  
**To:** 'dolson@bacbrevard.com'  
**Subject:** Waiver Application - Brevard Achievement Center

Dayle,

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

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

II. In addition, please provide the following information:

- Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement.
- Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140?

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

Thank you,  
Sandy

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosures may result in prosecution to the full extent of the law.

BREVARD:000070

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Monday, December 27, 2010 1:10 PM  
**To:** 'dolson@bacbrevard.com'  
**Subject:** Waiver Application - Brevard Achievement Center  
Mr. Olson,

I sent you the spreadsheet on December 16, 2010 that would need to be completed in order to complete your application for Brevard Achievement Center, unfortunately, I have not heard back from you as of this time. If you have any questions please feel free to contact me.

Sandy

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosures may result in prosecution to the full extent of the law.

BREVARD:000071

**From:** Dayle Olson [dolson@bacbrevard.com]  
**Sent:** Monday, December 27, 2010 2:58 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Re: Waiver Application - Brevard Achievement Center

Sandy  
Sorry about the delay -I have been away unexpected - but do return to work tomorrow. I will make it my priority in the morning  
Dayle

Sent from my iPhone

On Dec 27, 2010, at 1:10 PM, "Habit, Sandra (HHS/OCIIO)" <[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)> wrote:

Mr. Olson,

I sent you the spreadsheet on December 16, 2010 that would need to be completed in order to complete your application for Brevard Achievement Center, unfortunately, I have not heard back from you as of this time. If you have any questions please feel free to contact me.

Sandy

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosures may result in prosecution to the full extent of the law.

---

Total Control Panel

[Login](#)

To: [dolson@bacbrevard.com](mailto:dolson@bacbrevard.com)

Message Score: 1

High (60): **Pass**

From: [sandra.habit@hhs.gov](mailto:sandra.habit@hhs.gov)

My Spam Blocking Level: High

Medium (75): **Pass**

Low (90): **Pass**

[Block](#) this sender

[Block hhs.gov](#)

*This message was delivered because the content filter score did not exceed your filter level.*

BREVARD:000072



**From:** Dayle Olson [dolson@bacbrevard.com]  
**Sent:** Tuesday, December 28, 2010 5:27 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Re: Waiver Application - Brevard Achievement Center

**Attachments:** baccolorlogo.htm

Sandra - -the spreadsheet for the Waiver for the Brevard Achievement Center is nearly complete. Our Benefits Coordinator has agreed to come in tomorrow to finish it for us (she is on Holiday leave). As soon as she finishes the report I will get it to you.  
Dayle Olson



Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

BREVARD:000073

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Wednesday, December 29, 2010 10:08 AM  
**To:** 'Dayle Olson'  
**Subject:** RE: Waiver Application - Brevard Achievement Center

Dayle,

Thank you.

Sandy

---

**From:** Dayle Olson [mailto:dolson@bacbrevard.com]  
**Sent:** Tuesday, December 28, 2010 5:27 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Re: Waiver Application - Brevard Achievement Center

Sandra - -the spreadsheet for the Waiver for the Brevard Achievement Center is nearly complete. Our Benefits Coordinator has agreed to come in tomorrow to finish it for us (she is on Holiday leave). As soon as she finishes the report I will get it to you.  
Dayle Olson



Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

BREVARD:000074

**From:** Dayle Olson [dolson@bacbrevard.com]  
**Sent:** Wednesday, December 29, 2010 1:47 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Tere Sulzbach  
**Subject:** Fwd: RE: Waiver Application - Brevard Achievement Center

**Attachments:** BAC Waiver Application Form.xls; baccolorlogo.htm

Sandra - -attached is the file (and a brief note) that staff has just completed. If you have any questions - please let me know.  
Too much snow there???

Dayle Olson



Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

>>> Tere Sulzbach 12/29/2010 1:11 PM >>>  
Hi Sandra,

Attached please find the completed spreadsheet.

Answers to questions:

II.

\* Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement. **NO**

\* Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140? **YES**

Please let us know if you have any questions,  
Dayle

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000075

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents)	Current Plan Overall Annual Limit (in
Brevard Achievement Center, Inc.	Brevard Achievement Center, Inc. Health & Welfare Plan	Rockledge	FL	06/01/2000	Teresa Sulzbach	1845 Cogswell Street	Rockledge	FL	32955	321-632-8610	tsulzbach@bc	Limited Benefit	Yes	Group	(b)(4)	
<p>PRA Disclosure Statement</p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1105. The time required to complete this information collection is estimated to average ( 8 hours) or ( 240 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>																

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)											Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance		Emergency Room Copay/Coinsurance		F Copay/Co
Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription	Plan Deductible	Copay (if applicabl e)	Coinsuranc e (if applicable)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)
							(b)(4)										

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Type of Insurance	Current Monthly Premium Rates or Premium Equivalent Rates (in dollars)*:	Renewal Monthly Premium Rates or Premium Equivalent Rates if Waiver Granted (in dollars)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars) (Average Premium by Individual)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by Individual) (Difference of Column AT and AQ divided by Column AQ)	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly in cell or in a	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation
		Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total				
Coinsurance (if applicable)	Individual/ Employee Tier*										
					(b)(4)				Policy Terminated	Teresa Sulzbach	Chris Caveness/TPA Plan Coordinator

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

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Wednesday, December 29, 2010 2:28 PM  
**To:** 'Dayle Olson'  
**Cc:** 'Tere Sulzbach'  
**Subject:** RE: RE: Waiver Application - Brevard Achievement Center

Dayle,

Thank you so much for your response. I have one question for you, is the information only to be broken down into employee + family? There are no other tiers available, i.e. employee only, employee + spouse, etc?

We were lucky this time around, the snow hit further east!

Sandy

---

**From:** Dayle Olson [mailto:dolson@bacbrevard.com]  
**Sent:** Wednesday, December 29, 2010 1:47 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Tere Sulzbach  
**Subject:** Fwd: RE: Waiver Application - Brevard Achievement Center

Sandra - -attached is the file (and a brief note) that staff has just completed. If you have any questions - please let me know.  
Too much snow there???

Dayle Olson



Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

>>> Tere Sulzbach 12/29/2010 1:11 PM >>>  
Hi Sandra,

Attached please find the completed spreadsheet.

Answers to questions:  
II.

\* Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement. **NO**

\* Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140? **YES**

BREVARD:000079

Please let us know if you have any questions,  
Dayle

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000080



**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Wednesday, December 29, 2010 2:31 PM  
**To:** 'Dayle Olson'  
**Subject:** RE: RE: Waiver Application - Brevard Achievement Center

Dayle,

One last question, what is the renewal effective date?

Thanks,

Sandy

---

**From:** Dayle Olson [mailto:dolson@bacbrevard.com]  
**Sent:** Wednesday, December 29, 2010 1:47 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Tere Sulzbach  
**Subject:** Fwd: RE: Waiver Application - Brevard Achievement Center

Sandra - -attached is the file (and a brief note) that staff has just completed. If you have any questions - please let me know.  
Too much snow there???

Dayle Olson



Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

>>> Tere Sulzbach 12/29/2010 1:11 PM >>>

Hi Sandra,

Attached please find the completed spreadsheet.

Answers to questions:

II.

\* Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement. **NO**

\* Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140? **YES**

Please let us know if you have any questions,  
Dayle

BREVARD:000081

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000082

From: Tere Sulzbach [tsulzbach@bacbrevard.com]  
Sent: Wednesday, December 29, 2010 2:47 PM  
To: Habit, Sandra (HHS/OCIIO)  
Subject: RE: RE: Waiver Application - Brevard Achievement Center

Hello Ms. Habit,

Yes. We only have two tiers: employee and dependents.

Have a great day!  
tere

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

>>> "Habit, Sandra (HHS/OCIIO)" <Sandra.Habit@hhs.gov> 12/29/2010 2:27 PM >>>

Dayle,  
Thank you so much for your response. I have one question for you, is the information only to be broken down into employee + family? There are no other tiers available, i.e. employee only, employee + spouse, etc?  
We were lucky this time around, the snow hit further east!  
Sandy

---

From: Dayle Olson [mailto:dolson@bacbrevard.com]  
Sent: Wednesday, December 29, 2010 1:47 PM  
To: Habit, Sandra (HHS/OCIIO)  
Cc: Tere Sulzbach  
Subject: Fwd: RE: Waiver Application - Brevard Achievement Center

Sandra - -attached is the file (and a brief note) that staff has just completed. If you have any questions - please let me know.

Too much snow there???  
Dayle Olson

[cid:image001.jpg@01CBA764.8EBA18C0]

Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

BREVARD:000083

>>> Tere Sulzbach 12/29/2010 1:11 PM >>>

Hi Sandra,

Attached please find the completed spreadsheet.

Answers to questions:

II.

\* Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement. NO

\* Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140? YES

Please let us know if you have any questions,  
Dayle

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000084

From: Habit, Sandra (HHS/OCIIO)  
Sent: Wednesday, December 29, 2010 3:18 PM  
To: 'Tere Sulzbach'  
Subject: RE: RE: Waiver Application - Brevard Achievement Center

Tere,  
Would it be possible for you to contact me at 301-492-4175?  
Thanks,  
Sandy

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

From: Tere Sulzbach [mailto:tsulzbach@bacbrevard.com]  
Sent: Wednesday, December 29, 2010 2:47 PM  
To: Habit, Sandra (HHS/OCIIO)  
Subject: RE: RE: Waiver Application - Brevard Achievement Center

Hello Ms. Habit,

Yes. We only have two tiers: employee and dependents.

Have a great day!  
tere

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

>>> "Habit, Sandra (HHS/OCIIO)" <Sandra.Habit@hhs.gov> 12/29/2010 2:27 PM >>>

Dayle,  
Thank you so much for your response. I have one question for you, is the information only to be broken down into employee + family? There are no other tiers available, i.e. employee only, employee + spouse, etc?  
We were lucky this time around, the snow hit further east!  
Sandy

---

From: Dayle Olson [mailto:dolson@bacbrevard.com]  
Sent: Wednesday, December 29, 2010 1:47 PM  
To: Habit, Sandra (HHS/OCIIO)  
Cc: Tere Sulzbach  
Subject: Fwd: RE: Waiver Application - Brevard Achievement Center

Sandra - -attached is the file (and a brief note) that staff has just completed. If you have any questions - please let me know.  
Too much snow there???

BREVARD:000085

Dayle Olson

[cid:image001.jpg@01CBA764.8EBA18C0]

Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

>>> Tere Sulzbach 12/29/2010 1:11 PM >>>  
Hi Sandra,

Attached please find the completed spreadsheet.

Answers to questions:  
II.

\* Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement. NO

\* Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140? YES

Please let us know if you have any questions,  
Dayle

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000086

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Wednesday, December 29, 2010 3:37 PM  
**To:** 'Tere Sulzbach'  
**Subject:** FW: RE: Waiver Application - Brevard Achievement Center

**Attachments:** BAC Waiver Application Form.xls

Tere,

As discussed, please fill out the data for the dependents.

Thank you,

Sandy

---

**From:** Dayle Olson [mailto:dolson@bacbrevard.com]  
**Sent:** Wednesday, December 29, 2010 1:47 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Tere Sulzbach  
**Subject:** Fwd: RE: Waiver Application - Brevard Achievement Center

Sandra - -attached is the file (and a brief note) that staff has just completed. If you have any questions - please let me know.  
Too much snow there???

Dayle Olson



Dayle Olson  
President  
Brevard Achievement Center  
1845 Cogswell Street  
Rockledge, Florida 32955  
dolson@bacbrevard.com

>>> Tere Sulzbach 12/29/2010 1:11 PM >>>  
Hi Sandra,

Attached please find the completed spreadsheet.

Answers to questions:

II.

\* Confirm whether the plan was created pursuant to the Taft-Hartley Act. If so, please state the expiration of the last collective bargaining agreement. **NO**

\* Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140? **YES**

BREVARD:000087

Please let us know if you have any questions,  
Dayle

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000088





**ANNUAL LIMIT WAIVER APPLICATION 2010**

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)										Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance		Emergency Room Copay/Coinsurance		FF	
					Maternity/	Mental Health/ Substance	Rehabilitative/	Preventive/		Plan	Copay (if applicabl	Coinsuranc e (if	Copay (if applicabl	Coinsura nce (if applicabl	Copay (if applicabl	Coinsura nce (if applicabl	Copay (if applicabl
(b)(4)																	

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Rx Insurance	Current Monthly Premium Rates or Premium Equivalent Rates (in dollars)*:	Renewal Monthly Premium Rates or Premium Equivalent Rates if Waiver Granted (in dollars)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars) (Average Premium by Individual)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by Individual) (Difference of Column AT and AQ divided by Column AQ)	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly in cell or in a	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation			
		Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total					Employee contribution (if applicable)	Employer contribution (if applicable)	Total
Coinsurance (if applicable)	Individual/ Employee Tier*	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total				
						(b)(4)						Policy Terminated	Teresa Sulzbach	Chris Caveness/TPA Plan Coordinator
												Policy Terminated	Teresa Sulzbach	Chris Caveness/TPA Plan Coordinator

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

From: Tere Sulzbach [tsulzbach@bacbrevard.com]  
Sent: Thursday, December 30, 2010 11:06 AM  
To: Habit, Sandra (HHS/OCIIO)  
Cc: Dayle Olson  
Subject: Waiver Application - Brevard Achievement Center

Attachments: BAC Waiver Application Form.xls

Hello Ms. Habit

Here is the worksheet with a second row added containing the maximum allowed for dependents.

We have (b)(4) employees who have dependent coverage and a total of (b)(4) dependents.

Please let us know if you need anything further.

Regards,  
Tere

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

BREVARD:000092

**From:** Botwinick, Alexandra (HHS/OCIIO)

**Sent:** Wednesday, January 12, 2011 11:20 AM

**To:** 'tsulzbach@bacbrevard.com'

**Cc:** Habit, Sandra (HHS/OCIIO)

**Subject:** Brevard Achievement Center, Inc. Waiver of the Annual Limits Requirements of PHS Act Section 2711

**Importance:** High

**Attachments:** June 1 .pdf

Good Morning,

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

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

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

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

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

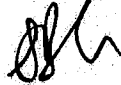
BREVARD:000093



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight  
Washington, DC 20201

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

An approval of your request for waiver of the restricted annual limits requirements granted under this process applies only to the annual limit(s) provided in your application for the plan or policy year beginning between September 23, 2010 and September 23, 2011. This waiver only applies to the annual limits requirements in Section 2711 of the ACA and does not apply to any other requirement of the Affordable Care Act, ERISA, the IRS Code or the PHS Act. Further, a group

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

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

From: Botwinick, Alexandra (HHS/OCIIO)  
Sent: Thursday, January 13, 2011 9:01 AM  
To: Habit, Sandra (HHS/OCIIO)  
Subject: FW: Brevard Achievement Center, Inc. Waiver of the Annual Limits Requirements of PHS Act Section 2711

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
(301) 492-4177

alexandra.botwinick@hhs.gov

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

From: Tere Sulzbach [mailto:tsulzbach@bacbrevard.com]  
Sent: Thursday, January 13, 2011 8:57 AM  
To: Botwinick, Alexandra (HHS/OCIIO)  
Subject: Re: Brevard Achievement Center, Inc. Waiver of the Annual Limits Requirements of PHS Act Section 2711

Good Morning Ms. Botwinick,

This is to confirm your e-mail.

Thank you very much.  
Tere

---

Confidentiality Notice: This communication, along with any attachments or documents, may contain information that is confidential, privileged or otherwise exempt from disclosure under Federal Privacy Rules. Under these Rules, you are prohibited from using, retaining or disclosing this material in any manner unless you are the intended recipient. If you are not the intended recipient, please notify the sender immediately by reply e-mail and delete all components of this communication. Thank you.

Tere Sulzbach  
Benefits & Compensation  
Administrator

>>> "Botwinick, Alexandra (HHS/OCIIO)" <Alexandra.Botwinick@hhs.gov> 1/12/2011 11:19 AM >>>  
Good Morning,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Brevard Achievement Center, Inc.. 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.

BREVARD:000096



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

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

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

BREVARD:000097