

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Friday, November 05, 2010 12:21 PM
To: 'laurakosmos@cbtfunds.com'
Subject: Waiver of the Annual Limits Requirements of PHS Act Section 2711

Importance: High

Attachments: Updated Jan 1 Approval Letter .pdf
Ms. Kosmos,

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

Please confirm receipt of this letter by replying to this e-mail address with a copy to OCIIOoversight@hhs.gov.

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

Sincerely,

Alexandra Botwinick

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

CLEVE B&T:000001



CLEVELAND BAKERS AND TEAMSTERS HEALTH AND WELFARE FUND

PROVIDING HEALTH & WELFARE BENEFITS TO PARTICIPATING MEMBERS OF
BAKERS' LOCAL UNION NO. 19, BAKERS' LOCAL UNION NO. 57
AND TEAMSTERS LOCAL UNION NO. 507

216-781-6858

Fax 216-524-7920

1-800-342-7020

UNION

CARL PECORARO, Chairman
EDWARD THOMAS, Co-Chairman
RAY BROWN
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EMPLOYERS

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PAUL SCHWEBEL
MARK SPONSELLER
MICHAEL STANEK
ED WEINTRAUB

October 29, 2010

Department of Health and Human Services
Office of Consumer Information and Insurance Oversight, Office of Oversight
Attention: Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
200 Independence Ave. SW
Washington, D.C. 20201

**Subject: Waiver Application: Cleveland Bakers and Teamsters Health and Welfare Fund,
ValuePlus Plan (the "Plan")**

Dear Ms Scelzo:

This letter supplements our written application (dated September 24, 2010) for waiver from the annual dollar limit requirements under the Patient Protection and Affordable Care Act (PPACA) as it pertains to the Plan which is a self-insured limited medical plan. The purpose of this letter is to respond to follow-up questions in your letter dated October 26, 2010 as clarified during our conference call with you on October 27, 2010, as follows.

1) Annual limits of the policy

The Plan currently has a (b)(4) lifetime limit but does not have an overall annual limit. However, the Plan does impose certain annual limits on some benefits which, based on legislative guidance to date, we assume might be "essential health benefits" under PPACA. In addition, effective January 1, 2011, the Plan will eliminate the current (b)(4) lifetime limit and impose a (b)(4) overall annual limit as of that date. Transferring the (b)(4) dollar lifetime limit to the overall annual limit is permissible and will not impact the Plan's grandfather status pursuant to the regulations jointly issued by the Department of the Treasury, Department of Labor and the Department of Health and Human Services on June 17, 2010. (See 75 FR 34569, 45 CFR § 147.140(g)(1)(vi)(B)).

The Summary Plan Descriptions which were submitted with our original Application, describe the specific annual benefit limits imposed by the Plan on some benefits.

Note: The Trustees also intend that the Plan will maintain its grandfathered status under PPACA in the 2011 plan year, beginning January 1, 2011.

2) Type of service requesting waiver

The Plan includes an annual limit on pharmacy benefits of (b)(4) per individual, and annual limits on certain preventive care services, mental health services and services for treatment of alcohol abuse..

The Trustees intend that, if the Application is approved, the Plan will remain unchanged for the 2011 Plan year that begins January 1, 2011 (other than changes required by grandfathered plans under the provisions of the PPACA, such as removing lifetime limits effective as of January 1, 2011 and providing dependent coverage of an Adult Child until age 26 that was previously adopted by the Plan and made effective as of September 1, 2010).

3) (The premium amounts is the total cost to the employer and the employee.)

	Premium (current level) - 2010	Premium (renewal) - 2011	Premium (if \$750,000 annual limit was applied) - 2011	% increase if the \$750,000 was applied
Active – Employee Only				
Active - Employee + Family			(b)(4)	
Retired – Retiree Only				
Retired – Retiree + Spouse				

Note: The medical benefits are provided through a multi-employer trust arrangement. Based on our discussion of October 27, you had clarified that the self-insured premium equivalent rates may be used to represent “premium amounts” for purpose of processing the Application.

Should you have additional questions, please feel free to contact me.

Very truly yours,



Laura A. Kosmos , Administrative Manager
 Cleveland Bakers and Teamsters Health and Welfare Fund
 216.503.6110
<mailto:laurakosmos@cbtfunds.com>



CLEVELAND BAKERS AND TEAMSTERS HEALTH AND WELFARE FUND

PROVIDING HEALTH & WELFARE BENEFITS TO PARTICIPATING MEMBERS OF
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MICHAEL STANEK
ED WEINTRAUB

September 24, 2010

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

Subject: Waiver Application: Cleveland Bakers and Teamsters Health and Welfare Fund, ValuePlus Plan

Dear Mr. Mayhew:

This letter serves as our written application for waiver from the annual dollar limit requirements under the Patient Protection and Affordable Care Act (PPACA) as it pertains to our self-insured limited medical plan.

This application requests waiver for the January 1, 2011 through December 31, 2011 plan year.

Waiver Application

Below is our application per the terms outlined in Section III of your September 3, 2010 memo:

1) The terms of the plan for which a waiver is sought

The ValuePlus Plan is a self-insured plan providing medical and pharmacy benefits to employees and retirees of participating employers of the Cleveland Bakers and Teamster Health and Welfare Fund (the "Fund").

The ValuePlus Plan includes an annual limit on pharmacy benefits of (b)(4) per individual, and annual limits on certain preventive care services. (Note: Fund Trustees intend that the plan will maintain its grandfathered status under PPACA in the 2011 plan year beginning January 1, 2011).

CLEVE B&T:000004

September 24, 2010
 Page 2 of 4

The ValuePlus Plan is currently offered as an affordable option to eligible full-time employees, at no cost to the employee. These full-time employees do have the option to elect a more comprehensive plan; however, employee contributions for that plan are approximately (b)(4) per year for individual coverage and (b)(4) for family coverage.

The ValuePlus Plan is the only option available to part-time employees (at no cost) and also the only option available to retirees who are not eligible for Medicare (at the costs shown below under item 3).

2) The number of individuals covered by the plan

Data available in 2010 indicates approximately (b)(4) full-time employees and (b)(4) part-time employees eligible to enroll in the ValuePlus Plan. Currently, approximately (b)(4) employees elect this limited plan. Approximately (b)(4) retired participants are enrolled in the ValuePlus Plan.

3) The annual limit(s) and rates applicable to the plan

The medical benefits are generally not subject to restricted annual limits; however, the plan includes limited pharmacy benefits of (b)(4) per participant per year. Based on current legislative guidance, we are uncertain whether the plan's annual limits for routine preventive care are restricted; we assume that the requested waiver would apply if such annual limits were also deemed restricted.

2011 Premium equivalent rates are as follows:

Coverage Category	Premium Equivalent Rate	Member Contribution Rate
Active - Employee Only		
Active - Employee + Family		(b)(4)
Retired – Retiree Only		
Retired – Retiree + Spouse		

4) A brief description of why compliance with the interim final regulations would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or significant increase in premiums paid by those covered by such plans or policies, along with any supporting documentation

September 24, 2010
Page 3 of 4

Compliance with the interim final regulations would cause the cost of coverage to rise significantly thereby increasing the financial burden to the Fund. The cost of the pharmacy coverage is expected to increase by approximately (b)(4) as a result of removing the annual limit.

The Cleveland Bakers and Teamsters Health and Welfare Fund (the Fund) is a multi-employer trust fund, established to provide benefits to collectively bargained members, and is managed by trustees representing the unions and employers. The cost of the Fund is primarily paid by contributing employers in accordance with collective bargaining agreements negotiated by the unions and employers.

These collective bargaining agreements typically provide for fixed employer contributions over periods of several years. As such, there is no means of securing additional funds to comply with mandates associated with PPACA, until the expiration date of such collective bargaining agreements.

Without access to additional funding, the Fund Trustees must otherwise consider increased employee/retiree contributions to manage funding of the plan benefits.

Failure to receive a waiver would result in the Fund Trustees imposing a contribution to be made by active employees and such contribution amount could exceed, on average, (b)(4) per year, per employee. The expected increase to a retired family to comply with the interim final regulations, would exceed (b)(4) per year.

In light of these increases, the affordability of meaningful health care benefits would be seriously threatened.

- 5) An attestation, signed by the plan administrator or CEO of the issuer of the coverage, certifying (1) that the plan was in force prior to September 23, 2010, and (2) that the application of restricted annual limits to such plans or policies would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or a significant increase in premiums paid by those covered by such plans or policies

On behalf of the Board of Trustees of the Cleveland Bakers and Teamsters Health and Welfare Fund, I attest that the Fund was in force prior to September 23, 2010 and that removing the current limited pharmacy benefits of (b)(4) per participant per year that is

September 24, 2010

Page 4 of 4

currently in place under the ValuePlus Plan and replacing such limit with the \$750,000 limit as established under the interim final regulations published on June 28, 2010 would result in a significant increase in premium costs for employees and retirees and would likely result in a significant decrease in the access to benefits as currently provided to employees and retirees who are covered under the ValuePlus Plan.

We hope that this letter provides the required documentation for granting a waiver in accordance with the process established by HHS in its letter of September 3, 2010.. Should you have questions or comments, please feel free to contact our Fund Administrative Manager, Laura Kosmos, at 216.503.6110, or <mailto:laurakosmos@cbtfunds.com>.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carl Pecoraro".

Carl Pecoraro, Chairman
Cleveland Bakers and Teamsters
Health and Welfare Fund

Attachments

Pages 8 through 183 redacted for the following reasons:

(b)(4)



CLEVELAND BAKERS AND TEAMSTERS HEALTH AND WELFARE FUND

PROVIDING HEALTH & WELFARE BENEFITS TO PARTICIPATING MEMBERS OF
BAKERS' LOCAL UNION NO. 19, BAKERS' LOCAL UNION NO. 57
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September 24, 2010

Department of Health and Human Services
Office of Consumer Information and Insurance Oversight, Office of Oversight
Attention: James Mayhew, Room 737-F-04
200 Independence Ave. SW
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Subject: Waiver Application: Cleveland Bakers and Teamsters Health and Welfare Fund, ValuePlus Plan

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This application requests waiver for the January 1, 2011 through December 31, 2011 plan year.

Waiver Application

Below is our application per the terms outlined in Section III of your September 3, 2010 memo:

1) The terms of the plan for which a waiver is sought

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The ValuePlus Plan includes an annual limit on pharmacy benefits of (b)(4) per individual, and annual limits on certain preventive care services. (Note: Fund Trustees intend that the plan will maintain its grandfathered status under PPACA in the 2011 plan year beginning January 1, 2011).

September 24, 2010
 Page 2 of 4

The ValuePlus Plan is currently offered as an affordable option to eligible full-time employees, at no cost to the employee. These full-time employees do have the option to elect a more comprehensive plan; however, employee contributions for that plan are approximately (b)(4) per year for individual coverage and (b)(4) for family coverage.

The ValuePlus Plan is the only option available to part-time employees (at no cost) and also the only option available to retirees who are not eligible for Medicare (at the costs shown below under item 3).

2) The number of individuals covered by the plan

Data available in 2010 indicates approximately (b)(4) full-time employees and (b)(4) part-time employees eligible to enroll in the ValuePlus Plan. Currently, approximately (b)(4) employees elect this limited plan. Approximately (b)(4) retired participants are enrolled in the ValuePlus Plan.

3) The annual limit(s) and rates applicable to the plan

The medical benefits are generally not subject to restricted annual limits; however, the plan includes limited pharmacy benefits of (b)(4) per participant per year. Based on current legislative guidance, we are uncertain whether the plan's annual limits for routine preventive care are restricted; we assume that the requested waiver would apply if such annual limits were also deemed restricted.

2011 Premium equivalent rates are as follows:

Coverage Category	Premium Equivalent Rate	Member Contribution Rate
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4) A brief description of why compliance with the interim final regulations would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or significant increase in premiums paid by those covered by such plans or policies, along with any supporting documentation

September 24, 2010
Page 3 of 4

Compliance with the interim final regulations would cause the cost of coverage to rise significantly thereby increasing the financial burden to the Fund. The cost of the pharmacy coverage is expected to increase by approximately (b)(4) as a result of removing the annual limit.

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These collective bargaining agreements typically provide for fixed employer contributions over periods of several years. As such, there is no means of securing additional funds to comply with mandates associated with PPACA, until the expiration date of such collective bargaining agreements.

Without access to additional funding, the Fund Trustees must otherwise consider increased employee/retiree contributions to manage funding of the plan benefits.

Failure to receive a waiver would result in the Fund Trustees imposing a contribution to be made by active employees and such contribution amount could exceed, on average, (b)(4) per year, per employee. The expected increase to a retired family to comply with the interim final regulations, would exceed (b)(4) per year.

In light of these increases, the affordability of meaningful health care benefits would be seriously threatened.

- 5) An attestation, signed by the plan administrator or CEO of the issuer of the coverage, certifying (1) that the plan was in force prior to September 23, 2010, and (2) that the application of restricted annual limits to such plans or policies would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or a significant increase in premiums paid by those covered by such plans or policies

On behalf of the Board of Trustees of the Cleveland Bakers and Teamsters Health and Welfare Fund, I attest that the Fund was in force prior to September 23, 2010 and that removing the current limited pharmacy benefits of (b)(4) per participant per year that is

September 24, 2010
Page 4 of 4

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We hope that this letter provides the required documentation for granting a waiver in accordance with the process established by HHS in its letter of September 3, 2010.. Should you have questions or comments, please feel free to contact our Fund Administrative Manager, Laura Kosmos, at 216.503.6110, or <mailto:laurakosmos@cbtfunds.com>.

Sincerely,



Carl Pecoraro, Chairman
Cleveland Bakers and Teamsters
Health and Welfare Fund

Attachments

Pages 188 through 361 redacted for the following reasons:

(b)(4)

From: Laura Kosmos [laurakosmos@cbitfunds.com]
Sent: Monday, November 08, 2010 8:48 AM
To: Botwinick, Alexandra (HHS/OCIIO)
Cc: OCIIO Oversight
Subject: RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711
I have received a copy of this letter. Thank you very much!

Laura

Laura A. Kosmos

Laura A. Kosmos, Administrative Manager
Cleveland Bakers and Teamsters
Health and Welfare Fund
9665 Rockside Road, Suite C
Valley View, OH 44125-6233

e-mail: laurakosmos@cbitfunds.com
Phone: (216) 503-6110
Fax: (216) 524-7920

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If this e-mail is received in error, please notify us at (216) 781-6858 to arrange for its return to us. Your cooperation is appreciated.

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

From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Friday, November 05, 2010 12:21 PM
To: 'laurakosmos@cbitfunds.com'
Subject: Waiver of the Annual Limits Requirements of PHS Act Section 2711
Importance: High

Ms. Kosmos,

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

Please confirm receipt of this letter by replying to this e-mail address with a copy to OCIIOOversight@hhs.gov.

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

Sincerely,

CLEVE B&T:000014

Alexandra Botwinick

Office of Oversight

HHS/OCIO

alexandra.botwinick@hhs.gov

From: Laura Kosmos [laurakosmos@cbtfunds.com]

Sent: Tuesday, October 26, 2010 5:45 PM

To: Scelzo, Kathleen (HHS/OCIIO)

Subject: RE: Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan Waiver Application

Dear Kathleen:

We have a couple of questions about your request. Are you available at 1:00pm in the afternoon on Wednesday?

Laura

Laura A. Kosmos

Laura A. Kosmos, Administrative Manager
Cleveland Bakers and Teamsters
Health and Welfare Fund
9665 Rockside Road, Suite C
Valley View, OH 44125-6233

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

From: Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]

Sent: Tuesday, October 26, 2010 3:14 PM

To: 'laurakosmos@cbtfunds.com'

Cc: Habit, Sandra (HHS/OCIIO)

Subject: Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan Waiver Application

Importance: High

Laura Kosmos,

Thanks for talking with me this afternoon about Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan for Annual Limits Requirements of the PHS Act Section 2711. Attached above is the document that needs to be completed in order to finalize the application process.

Many thanks for your assistance with this document.

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

CLEVE B&T:000016

From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Tuesday, October 26, 2010 3:14 PM
To: 'laurakosmos@cbtfunds.com'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan Waiver Application

Importance: High

Attachments: Cleveland Bakers and Teamsters Waiver Application Questions.doc; Cleveland Bakers and Teamsters Waiver Application Questions.doc

Laura Kosmos,

Thanks for talking with me this afternoon about Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan for Annual Limits Requirements of the PHS Act Section 2711. Attached above is the document that needs to be completed in order to finalize the application process.

Many thanks for your assistance with this document.

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

CLEVE B&T:000018

From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, October 27, 2010 8:31 AM
To: 'Laura Kosmos'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan Waiver Application
Laura,
I am available at 1pm on Wednesday. I look forward to talking with you.

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

From: Laura Kosmos [mailto:laurakosmos@cbtfunds.com]
Sent: Tuesday, October 26, 2010 5:45 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: RE: Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan Waiver Application

Dear Kathleen:

We have a couple of questions about your request. Are you available at 1:00pm in the afternoon on Wednesday?

Laura

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

From: Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]
Sent: Tuesday, October 26, 2010 3:14 PM
To: 'laurakosmos@cbtfunds.com'
Cc: Habit, Sandra (HHS/OCIIO)

CLEVE B&T:000019

Subject: Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan Waiver Application
Importance: High

Laura Kosmos,

Thanks for talking with me this afternoon about Cleveland Bakers & Teamsters Health and Welfare Fund, ValuePlus Plan for Annual Limits Requirements of the PHS Act Section 2711. Attached above is the document that needs to be completed in order to finalize the application process.

Many thanks for your assistance with this document.

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

From: Scelzo, Kathleen (HHS/OCIO)
Sent: Friday, October 29, 2010 2:55 PM
To: Habit, Sandra (HHS/OCIO)
Subject: FW: Supplemental Information Required by HHS for Waiver Application

Attachments: cbt hw supplemental information letter for waiver.pdf
[Please place in folder](#)

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

From: Laura Kosmos [mailto:laurakosmos@cbtfunds.com]
Sent: Friday, October 29, 2010 11:50 AM
To: Scelzo, Kathleen (HHS/OCIO)
Cc: 'Wainblat, Neal B.'; 'Patrick Egan'; 'Bookman, Sue (Cleveland)'
Subject: Supplemental Information Required by HHS for Waiver Application

Dear Kathleen:

Attached is the supplemental information you requested to complete our request for a waiver of the annual dollar limit requirements under PPACA. Your prompt attention to our request would be greatly appreciated. I will mail the original letter to you today.

Thank you in advance,

Laura A. Kosmos

Laura A. Kosmos

Laura A. Kosmos, Administrative Manager
Cleveland Bakers and Teamsters
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CLEVE B&T:000021



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and
Insurance Oversight
Washington, DC 20201

Date: October 2010

From: Steve Larsen, Director, Office of Oversight 

Subject: Application for Waiver of the Annual Limits Requirements of PHS Act Section 2711

Dear Waiver Applicant:

Section 2711(a)(2) of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), requires the Secretary to impose restrictions on the imposition of annual limits on the dollar value of essential health benefits (as defined in section 1302(b) of the Affordable Care Act) for any participant or beneficiary in a new or existing group health plan or a new policy in the individual market for plan or policy years beginning on or after September 23, 2010 and prior to January 1, 2014. Specifically, the Secretary is granted the authority to determine what constitutes a "restricted annual limit" that can still be imposed under such plans or policies prior to January 1, 2014.

The interim final regulations published on June 28, 2010 (codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR § 147.126) established such restricted annual limits. The regulations also provided that these restricted annual limits may be waived by the Secretary of Health and Human Services (HHS) if compliance with the interim final regulations would result in a significant decrease in access to benefits or a significant increase in premiums. Pursuant to the regulation, HHS issued guidance on September 3 regarding the scope and process for applying for a waiver.

The Office of Consumer Information and Insurance Oversight, Office of Insurance Oversight received and processed your application for the plan(s) or policy(ies) year beginning January 1, 2011. We have determined that your application has met the criteria to obtain a waiver of the restricted annual limits requirements because compliance with the interim final regulations would result in a significant decrease in access to benefits for those currently covered by such plans or policies, or a significant increase in premiums paid by those covered by such plans or policies. To the extent you make any change to your benefit package after March 23, 2010, you must determine whether the change(s) will trigger loss of grandfathering status pursuant to 45 CFR § 147.140(g)(1).

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

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

If you have any questions regarding this letter, please email OCIIOOversight@hhs.gov.

From: Kottenmeier, Erika (HHS/OCIIO)
Sent: Monday, October 25, 2010 1:13 PM
To: 'Laura Kosmos'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Waiver Application Question
Dear Ms. Kosmos,

Thank you for checking in with us. We are currently reviewing your application. We received your letter on September 27th, and consider the one-month deadline to be effective October 27th. We are making it a priority to complete review your group's application and submit it to our leadership today. You can expect to receive an acceptance or rejection letter this week. If there is any information missing we will contact you immediately to obtain it.

Thank you very much,
Erika Kottenmeier

From: Laura Kosmos [mailto:laurakosmos@cbtfunds.com]
Sent: Monday, October 25, 2010 12:45 PM
To: Kottenmeier, Erika (HHS/OCIIO)
Subject: RE: Waiver Application Question

Dear Ms. Kottenmeier:

I wrote to you regarding the status of our request for waiver from the annual dollar limit requirements under PPACA for our ValuePlus plan effective January 1, 2011. Our original letter was dated September 24, 2010, and was mailed to the Department of Health and Human Services on that day by overnight delivery. Can you provide me with the status of our request?

Very truly yours,

Laura A. Kosmos

Laura A. Kosmos

Laura A. Kosmos, Administrative Manager
Cleveland Bakers and Teamsters
Health and Welfare Fund
9665 Rockside Road, Suite C
Valley View, OH 44125-6233

e-mail: laurakosmos@cbtfunds.com
Phone: (216) 503-6110
Fax: (216) 524-7920

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If this e-mail is received in error, please notify us at (216) 781-6858 to arrange for its return to us. Your cooperation is appreciated.

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

From: Kottenmeier, Erika (HHS/OCIIO) [mailto:Erika.Kottenmeier@hhs.gov]
Sent: Monday, October 18, 2010 1:18 PM

CLEVE B&T:000024

To: 'laurakosmos@cbtfunds.com'
Subject: Waiver Application Question

Dear Ms. Kosmos,

Thank you for your inquiry. HHS will process complete waiver applications within 30 days of receipt, except that complete applications submitted for plan or policy years beginning before November 2, 2010 will be processed no later than 5 days in advance of such plan or policy year. We are reviewing applications on a rolling basis. We do anticipate completing your application within the 30-day time-frame.

Sincerely,

Erika M. Kottenmeier
Division of Enforcement
Office of Oversight
HHS/OCIIO
erika.kottenmeier@hhs.gov

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CLEVE B&T:000025

From: Kottenmeier, Erika (HHS/OCIIO)
Sent: Monday, October 25, 2010 1:03 PM
To: Habit, Sandra (HHS/OCIIO)
Subject: FW: Waiver Application Question

From: Laura Kosmos [mailto:laurakosmos@cbtfunds.com]
Sent: Monday, October 25, 2010 12:45 PM
To: Kottenmeier, Erika (HHS/OCIIO)
Subject: RE: Waiver Application Question

Dear Ms. Kottenmeier:

I wrote to you regarding the status of our request for waiver from the annual dollar limit requirements under PPACA for our ValuePlus plan effective January 1, 2011. Our original letter was dated September 24, 2010, and was mailed to the Department of Health and Human Services on that day by overnight delivery. Can you provide me with the status of our request?

Very truly yours,

Laura A. Kosmos

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

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Sent: Monday, October 18, 2010 1:18 PM
To: 'laurakosmos@cbtfunds.com'
Subject: Waiver Application Question

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CLEVE B&T:000026

Sincerely,

Erika M. Kottenmeier
Division of Enforcement
Office of Oversight
HHS/OCIIO
erika.kottenmeier@hhs.gov

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