

**From:** Lee Achord [lee.achord@usa.g4s.com]  
**Sent:** Monday, October 11, 2010 2:18 PM  
**To:** HHS HealthInsurance (HHS)  
**Cc:** Beverly Cech; Alex Tiligadas; Ellorine Jershun  
**Subject:** Waiver

**Attachments:** Application for G4S Mini-Med Waiver.pdf

Attached please find our request for a waiver of the annual benefit maximum provided for under the Patient Protection and Affordable Care Act of 2010.

Thank you.

Lee

E.W. Lee Achord CEBS  
Vice President, Talent Management & Benefits Administration  
G4S Secure Solutions (USA)  
4200 Wackenhut Drive  
Palm Beach Gardens, FL 33410  
(561) 691-6586  
[lee.achord@usa.g4s.com](mailto:lee.achord@usa.g4s.com)  
[www.g4s.com/us](http://www.g4s.com/us)

Corporate Human Resources and North America Training Institute  
both ISO 9001:2008 registered

=====

G4S Secure Solutions USA f/k/a G4S Wackenhut is part of the G4S group of companies. This communication contains information which may be confidential, personal and/or privileged. It is for the exclusive use of the intended recipient(s). If you are not the intended recipient(s), please note that any distribution, forwarding, copying or use of this communication or the information in it is strictly prohibited. Any personal views expressed in this e-mail are those of the individual sender and G4S Secure Solutions USA does not endorse or accept responsibility for them. Prior to taking any action based upon this e-mail message, you should seek appropriate confirmation of its authenticity.

G4S SS:000001



**G4S Secure Solutions (USA)**  
4200 Wackenhut Drive  
Palm Beach Gardens, FL 33410

Telephone: 561 691 6586  
Fax: 561 691 6591  
Email: lee.achord@usa.g4s.com  
www.g4s.com/us

October 11, 2010

**To Whom It May Concern:**

**Re: Application for G4S Secure Solutions (USA) Self-Insured Mini-Med Plan Waivers**

This letter serves as formal application for mini-med plan waivers for each of the following plans:

**Plan 42**  
**Plan 94**

Details of the application are listed below and a copy of each plan's benefit summary is attached.

**1. Plan or policy terms**

See attached Benefit Summary for each plan.

**2. Covered participant by plan**

	<b>Employees</b>	<b>Dependents</b>
Plan 42		
Plan 94	(b)(4)	

---

**3. Annual limits and applicable premiums by plan**

	<b>Annual Max</b>	<b>Monthly Premiums</b>
		<u>Employees</u> <u>Dependents</u>
Plan 42		
Plan 94		(b)(4)



4. ***Brief description of why compliance would cause a significant decrease in access to benefits or increase in premiums.***

Complying with the Patient Protection and Affordable Care Act's requirements would require each of the aforementioned plans' annual max to be raised to \$750,000, which would result in a significant increase in the plans' premium payments. This would be too costly for employees and cause them to opt out of enrolling in the plan or cancel their existing coverage, thus limiting access to benefits.

<b>Annual Maximum</b>	<b>Projected Impact (by Independent Actuary) for Increasing to \$750,000</b>
Plan 42	
Plan 94	(b)(4)

5. ***These plans are currently in place and have been prior to enactment of the law:***

Plan 42 01/01/1997  
Plan 94 05/01/2009

Should you have any questions regarding this matter, please contact me.

Sincerely,

E.W. Lee Achord, CEBS  
Vice President, Talent Management & Benefits Administration  
G4S Secure Solutions (USA)

cc: Alex Tiligadas,  
Assistant Vice President  
Aon Consulting

Pages 4 through 5 redacted for the following reasons:

-----

(b)(4)

**From:** Botwinick, Alexandra (HHS/OCIIO)  
**Sent:** Friday, November 05, 2010 2:26 PM  
**To:** 'lee.achord@usa.g4s.com'  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711

**Importance:** High

**Attachments:** November Approval Letter .pdf  
Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for G4S Secure Solutions. HHS has reviewed your application and made its determination. Please see the attached letter.

Please confirm receipt of this letter by replying to this e-mail address with a copy to [OCIIOoversight@hhs.gov](mailto:OCIIOoversight@hhs.gov).

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

Sincerely,

Alexandra Botwinick

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

G4S SS:000005

**From:** Lee Achord [lee.achord@usa.g4s.com]  
**Sent:** Monday, November 08, 2010 10:37 AM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Cc:** OCIIO Oversight  
**Subject:** RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711

Alexandra:

Thank you very much for your response to our request.

Please feel free to contact me if you have any further questions or if you need any additional information.

Thank you again and have a great week.

Lee

E.W. Lee Achord CEBS  
Vice President, Talent Management & Benefits Administration  
G4S Secure Solutions (USA)  
(561) 691-6586  
[lee.achord@usa.g4s.com](mailto:lee.achord@usa.g4s.com)  
[www.g4s.com/us](http://www.g4s.com/us)

Corporate Human Resources and North America Training Institute  
both ISO 9001:2008 registered

=====

---

**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]  
**Sent:** Friday, November 05, 2010 2:26 PM  
**To:** Lee Achord  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711  
**Importance:** High

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for G4S Secure Solutions. HHS has reviewed your application and made its determination. Please see the attached letter.

Please confirm receipt of this letter by replying to this e-mail address with a copy to [OCIIOOversight@hhs.gov](mailto:OCIIOOversight@hhs.gov).

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

Sincerely,

Alexandra Botwinick

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

G4S SS:000006

G4S Secure Solutions USA f/k/a G4S Wackenhut is part of the G4S group of companies. This communication contains information which may be confidential, personal and/or privileged. It is for the exclusive use of the intended recipient(s). If you are not the intended recipient(s), please note that any distribution, forwarding, copying or use of this communication or the information in it is strictly prohibited. Any personal views expressed in this e-mail are those of the individual sender and G4S Secure Solutions USA does not endorse or accept responsibility for them. Prior to taking any action based upon this e-mail message, you should seek appropriate confirmation of its authenticity.

G4S SS:000007

November 1, 2010

Dear Applicant:

RE: G4S Secure Solutions (Plan 42)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the G4S Secure Solutions (Plan 42):

1. Effective date of the renewal policy.
  - **Effective date: 01/01/1997**
  - **Renewal date: 11/01/2010**

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

	Premium (current level)	Premium (renewal)*	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)			(b)(4)	
Family (if applicable or other appropriate tier)				

\* **Renewal**

3. Indicate if the plan is fully-insured plan or a self-insured plan.
  - **Self-insured**
4. Indicate the type of policy: Group or individual
  - **Group**



Please provide this information by 5:00 pm, November 3, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

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  
301-492-4121

November 1, 2010

Dear Applicant:

RE: G4S Secure Solutions (Plan 42)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the G4S Secure Solutions (Plan 42):

1. Effective date of the renewal policy.
2. (The premium amounts is the total cost to the employer and the employee)

	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

3. Indicate if the plan is fully-insured plan or a self-insured plan.
4. Indicate the type of policy: Group or individual

Please provide this information by 5:00 pm, November 3, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

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  
301-492-4121

November 1, 2010

Dear Applicant:

RE: G4S Secure Solutions (Plan 94)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the G4S Secure Solutions (Plan 94):

1. Effective date of the renewal policy.
  - **Effective date: 05/01/2009**
  - **Renewal date: 11/01/2010**

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

	Premium (current level)	Premium (renewal)*	Premium (if \$750,000 annual limit was	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)			(b)(4)	
Family (if applicable or other appropriate tier)				

\* **Renewal**

3. Indicate if the plan is fully-insured plan or a self-insured plan.
  - **Self-insured**
4. Indicate the type of policy: Group or individual
  - **Group**

Please provide this information by 5:00 pm, November 3, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

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  
301-492-4121

November 1, 2010

Dear Applicant:

RE: G4S Secure Solutions (Plan 94)

Thank you for your application for the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information about the G4S Secure Solutions (Plan 94):

1. Effective date of the renewal policy.

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

	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE				
EE + Child (if applicable or other appropriate tier)				
EE + Spouse (if applicable or other appropriate tier)				
Family (if applicable or other appropriate tier)				

3. Indicate if the plan is fully-insured plan or a self-insured plan.

4. Indicate the type of policy: Group or individual

Please provide this information by 5:00 pm, November 3, 2010. We look forward to receiving your completed application. Thank you.

Sincerely,

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  
301-492-4121



**Date:** October 2010 *SL*  
**From:** Steve Larsen, *SL* 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 November 1, 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).

**From:** Scelzo, Kathleen (HHS/OCIIO)  
**Sent:** Monday, November 01, 2010 11:14 AM  
**To:** 'lee.achord@usa.g4s.com'  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** G4S Secure Solutions Waiver Application

**Importance:** High

**Attachments:** G4S Secure Solutions Plan 94 Waiver Application Questions.doc; G4S Secure Solutions Plan 42 Waiver Application Questions.doc

E. W. Lee Achord,

I left a message for you this morning alerting you about an e-mail you would receive from me concerning G4S Secure Solutions application for Annual Limits Requirements of the PHS Act Section 2711 for the Plans 42 and 94. Attached above are the documents that need 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

G4S SS:000018

**From:** Lee Achord [lee.achord@usa.g4s.com]  
**Sent:** Wednesday, November 03, 2010 9:56 AM  
**To:** Scelzo, Kathleen (HHS/OCIIO)  
**Cc:** Habit, Sandra (HHS/OCIIO); Alex Tiligadas; Ellorine Jerhun; Beverly Cech  
**Subject:** RE: G4S Secure Solutions Waiver Application

**Attachments:** G4S Secure Solutions Plan 94 Waiver Application Questions.doc; G4S Secure Solutions Plan 42 Waiver Application Questions.doc

Kathleen:

Attached are the completed forms you requested.

Please feel free to contact me if you have any questions or if you should need any additional information.

With regards.

Lee

E.W. Lee Achord CEBS  
Vice President, Talent Management & Benefits Administration  
G4S Secure Solutions (USA)  
(561) 691-6586  
[lee.achord@usa.g4s.com](mailto:lee.achord@usa.g4s.com)  
[www.g4s.com/us](http://www.g4s.com/us)

Corporate Human Resources and North America Training Institute  
both ISO 9001:2008 registered

=====

---

**From:** Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]  
**Sent:** Monday, November 01, 2010 11:14 AM  
**To:** Lee Achord  
**Cc:** Habit, Sandra (HHS/OCIIO)  
**Subject:** G4S Secure Solutions Waiver Application  
**Importance:** High

E. W. Lee Achord,

I left a message for you this morning alerting you about an e-mail you would receive from me concerning G4S Secure Solutions application for Annual Limits Requirements of the PHS Act Section 2711 for the Plans 42 and 94. Attached above are the documents that need 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

G4S Secure Solutions USA f/k/a G4S Wackenhut is part of the G4S group of companies. This communication contains information which may be confidential, personal and/or privileged. It is for the exclusive use of the intended recipient(s). If you are not the intended recipient(s), please note that any distribution, forwarding, copying or use of this communication or the information in it is strictly prohibited. Any personal views expressed in this e-mail are those

G4S SS:000019

of the individual sender and G4S Secure Solutions USA does not endorse or accept responsibility for them. Prior to taking any action based upon this e-mail message, you should seek appropriate confirmation of its authenticity.