

From: Rains John 503 [John.Rains@crackerbarrel.com]
Sent: Thursday, September 09, 2010 12:33 PM
To: HHS HealthInsurance (HHS)
Subject: WAIVER

Importance: High

Attachments: 2011 Waiver Application.pdf

Attached, please find our waiver application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year. I am also sending a hard copy of this application via overnight mail today. Please contact me if you have any questions or desire any additional information. Thank you for your consideration.

*John W. Rains
Vice President, Compensation and Benefits
Cracker Barrel Old Country Store, Inc.
P.O. Box 787
Lebanon, TN 37088
615.443.9439*

<<2011 Waiver Application.pdf>>

From: Rains John 503 [John.Rains@crackerbarrel.com]
Sent: Friday, September 10, 2010 10:15 AM
To: HHS HealthInsurance (HHS)
Subject: WAIVER

Importance: High

Attachments: 2011 Waiver Application.pdf

Mr. Mayhew,

CBOCS, Inc. submitted a waiver application to HHS via e-mail on September 9, 2010. After the submission, we noticed that one of our enrollment numbers was inaccurate in number "2". The total number of employees covered is correct, however, we incorrectly reported the total number of "members" covered by the plan. The total should be (b)(4). Therefore, we are submitting a revised waiver with the corrected enrollment totals for your consideration. We apologize for the inconvenience. If you have any questions, please feel free to contact me directly at jrains@crackerbarrel.com or 615-443-9439.

John W. Rains
Vice President, Compensation and Benefits
Cracker Barrel Old Country Store, Inc.
P.O. Box 787
Lebanon, TN 37088
615.443.9439

<<2011 Waiver Application.pdf>>

From: Rains John 503
Sent: Thursday, September 09, 2010 11:33 AM
To: 'healthinsurance@hhs.gov'
Subject: WAIVER
Importance: High

Attached, please find our waiver application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year. I am also sending a hard copy of this application via overnight mail today. Please contact me if you have any questions or desire any additional information. Thank you for your consideration.

John W. Rains
Vice President, Compensation and Benefits
Cracker Barrel Old Country Store, Inc.
P.O. Box 787
Lebanon, TN 37088
615.443.9439



September 9, 2010

HHS
 Office of Consumer Information and Insurance Oversight, Office of Oversight
 ATTN: Mr. James Mayhew
 Room 737-F-04
 200 Independence Ave. SW
 Washington, DC 20201

RE: Waiver Application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year

Dear Mr. Mayhew:

As directed by OCIIO Sub-Regulatory Guidance (OCIIO 2010-1): Process for Obtaining Waivers of the Annual Limits Requirements of PHS Act Section 2711, this document is providing the required information needed to apply for a waiver for the CBOCS, Inc. Limited Medical Plan referred to as the "Affordable Health Plan" for the plan year beginning January 1, 2011.

1. The terms of the plans or policy form for which a waiver is sought

- a. The Affordable Health Plan terms are attached as Exhibit A. The Affordable Health Plan is comprised of two separate plan designs, both detailed in Exhibit A. The two plans are named the RS, PAR 1-3 plan and the PAR 4 plan. These plans were in force prior to September 23, 2010.

2. The number of individuals covered by the plans submitted

- a. As of July 31, 2010, there were (b)(4) employees enrolled in this plan representing (b)(4) enrolled members in the Affordable Health Plan. (b)(4) employees, (b)(4) members, are enrolled in the RS, PAR 1-3 plan. (b)(4) employees, (b)(4) members, are enrolled in the PAR 4 plan.

3. The annual limits and rates applicable to the plans submitted

- a. The annual limits are detailed in the plan designs shown in Exhibit A. The rates applicable to these plans are contained in Exhibit B, and described in #4 below. Specifically, the following limits are in place:

	RS, PAR 1—3 plan	PAR 4 plan
Preventive Care	(b)(4) annual max	(b)(4) annual max
Inpatient Services	(b)(4) annual max	(b)(4) annual max
Inpatient Surgery	(b)(4) per occurrence max	(b)(4) per occurrence max
Outpatient Services	(b)(4) annual max	(b)(4) annual max
Other Outpatient Services	(b)(4) annual max	(b)(4) annual max
Maternity Services	(b)(4) per occurrence max	(b)(4) per occurrence max
Emergency Room Services	(b)(4) annual max	(b)(4) annual max
Prescription Drugs	(b)(4) annual max	(b)(4) annual max

P.O. BOX 787 • HARTMANN DRIVE
 LEBANON, TENNESSEE 37088-0787
 PHONE 615 444 5533

CRACKER.000003

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

- a. In the absence of obtaining a waiver from HHS, and in order to meet the requirements detailed in the PHS Act, CBOCS has developed a plan design that meets all of the documented requirements. CBOCS has also obtained the pricing associated with this plan that would have applied for 2010. If a waiver were not obtained from HHS for the Affordable Health Plan, CBOCS will be forced to make employees choose between a plan that is considerably more costly than the plan currently offered and declining coverage altogether.

The Affordable Health Plan currently provides CBOCS employees with an affordable plan that covers approximately (b)(4)% of the costs incurred by the covered population. In that way, CBOCS is providing a reasonable benefit at a premium that the average employee can afford.

If coverage were offered as part of the proposed compliant plan under the cost sharing arrangements in place for the Affordable Health plan, the employees currently enrolled in the RS, PAR 1-3 plan would continue to be responsible for (b)(4)% of the expected cost of the plan. The monthly individual premium, in 2010 premium dollars, would increase from (b)(4) to (b)(4) or an increase of (b)(4)%. For those individuals enrolled in the PAR 4 plan, the monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4)%. Those enrolled with dependent coverage would experience similar increases.

For these individuals, making on average \$ (b)(4) for RS, PAR 1-3 and \$ (b)(4) per hour for PAR 4, the reduction in income for the RS, PAR 1-3 group is \$ (b)(4) per month and for the PAR 4 group is \$ (b)(4) per month based on an average work week. For both of these groups, this represents a significant increase in premium. In addition, due to the sensitivity of hourly income employees to small changes in their income, it is expected that a majority of these currently covered employees would choose to decline coverage rather than incur these higher premiums.

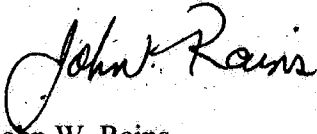
If a waiver is not obtained, CBOCS believes that this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.

5. An attestation, signed by the plan administrator of the issuer of 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 a significant increase in premiums paid by those covered by such plans.

- a. This attestation is attached as Exhibit C.

This letter provides all of the requested information to obtain a waiver of the annual limit requirements of PHS Act Section 2711.

Sincerely,

A handwritten signature in cursive script that reads "John W. Rains".

John W. Rains
Vice President, Compensation and Benefits
CBOCS, Inc.
P.O. Box 787
305 Hartmann Drive
Lebanon, TN 37087
615-443-9439

EXHIBIT A

Medical Coverage - 2010	RS, PAR 1 - 3 Medical Benefits In-Network & Out-of-Network	PAR 4 Medical Benefits In-Network & Global Network
Catastrophic Year Deductible Individual Family		
Annual D. of Payer Maximum		
Lifetime Maximum		
Prescription (Rx) Inpatient Care Services include routine physical examinations and well child care		
Office Visit (Office Visit) Maximum per member per year. This includes any specialty Convenience Care Center Primary Care Physician, Behavioral Health Providers Specialist, Urgent Care Center		
Inpatient Services Inpatient Facility (Illness, Accident, or Maternity), Skilled Nursing Facility Inpatient Behavioral Health Inpatient Surgery/Professional Fees		
Outpatient Services Outpatient Surgery (Facility or Office Visit), Lab/ray, Ambulance, Chemotherapy, Drugs dispensed in an office or outpatient setting (see pharmacy benefit for additional drug benefits), Radiation Therapy, Dialysis, Outpatient Diagnostic Services, Tubal Ligation, Vasectomy, Morbid Obesity, Mammograms, Colonoscopies, and Sigmoidoscopies *Office visit applies toward the 7 visit annual maximum per member		
Other Outpatient Services Speech Therapy, Physical Therapy, Occupational Therapy, Home Health Care, Durable Medical Equipment, Disposable Medical Supplies		
Maternity Services Maternity Outpatient (Pre-Post Natal Care) Inpatient Delivery & Neonatal		
Emergency Room Life-Threatening Situation or Serious Accident Non-Emergency		
Mental Health/Behavioral Health (EAP) Counseling Sessions (Office Visit) *Office visit applies toward the 7 visit annual maximum per member Psychiatric visits do not qualify for EAP. EAP visits are for short term counseling not medication management (no Psychiatrists or Nurse Practitioners). Members are not eligible if they are already in treatment for chronic/ongoing conditions		
Prescription Drug Generic Preferred Non-Preferred Specialty Annual Maximum		

(b)(4)

EXHIBIT B

CRACKER BARREL 2010 RATES

Current

Individual Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion

MONTHLY RATE		Par 0-1	Par 2	Par 2	Par 3	Par 3	Par 4	Par 4
		NTU	TU	NTU	TU	NTU	TU	NTU
(b)(4)								

Family Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion

(b)(4)								
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Proposed

Individual Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion
Increase in Employee Contribution (%)

MONTHLY RATE		Par 0-1	Par 0-1	Par 2	Par 2	Par 3	Par 3	Par 4	Par 4
		NTU	TU	NTU	TU	NTU	TU	NTU	TU
(b)(4)									

Family Coverage AHP

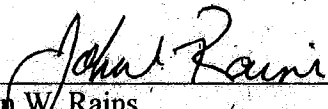
Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion
Increase in Employee Contribution (%)

(b)(4)									
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EXHIBIT C

Attestation

I, John W. Rains, as CBOCS's Vice President, Compensation and Benefits and Officer of the company, and as Plan Administrator, attest to the fact that the current limited benefit plan was in force prior to September 23, 2010 and that if a waiver from HHS is not obtained, this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.



John W. Rains
Vice President, Compensation and Benefits

September 9, 2010

From: Botwinick, Alexandra (HHS/OCIO)

Sent: Friday, September 17, 2010 1:29 PM

To: 'John.Rains@crackerbarrel.com'

Subject: Application to the Waiver of the Annual Limits Requirements Incomplete

Importance: High

Mr. Rains,

Thank you for your application to the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information:

- Please confirm whether the PAR 1-3 and Par 4 is a fully-insured plan or a self-insured plan.

We look forward to receiving your completed application. Thank you.

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIO

alexandra.botwinick@hhs.gov

CRACKER:000009

From: Rains John 503 [John.Rains@crackerbarrel.com]
Sent: Friday, September 17, 2010 2:37 PM
To: Botwinick, Alexandra (HHS/OCIIO)
Subject: RE: Application to the Waiver of the Annual Limits Requirements Incomplete

Attachments: Waiver Application 2011 Final (2).doc

Ms. Botwinick, I could not tell from your e-mail if my confirmation was adequate or you needed an updated waiver application. I am including an updated waiver application with the verbiage regarding the self-insured status under #1. Thank You. John

From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Friday, September 17, 2010 12:29 PM
To: Rains John 503
Subject: Application to the Waiver of the Annual Limits Requirements Incomplete
Importance: High

Mr. Rains,

Thank you for your application to the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information:

- Please confirm whether the PAR 1-3 and Par 4 is a fully-insured plan or a self-insured plan.

We look forward to receiving your completed application. Thank you.

Sincerely,

Alexandra Botwinick

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

CRACKER:000010

From: Rains John 503 [John.Rains@crackerbarrel.com]

Sent: Friday, September 17, 2010 2:30 PM

To: Botwinick, Alexandra (HHS/OCIIO)

Subject: RE: Application to the Waiver of the Annual Limits Requirements Incomplete

The PAR 1-3 and PAR 4 plans are self-insured plans. Please let me know if you need anything additional. Thank you. John

John W. Rains

Vice President, Compensation and Benefits

Cracker Barrel Old Country Store, Inc.

P.O. Box 787

Lebanon, TN 37088

615.443.9439

From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]

Sent: Friday, September 17, 2010 12:29 PM

To: Rains John 503

Subject: Application to the Waiver of the Annual Limits Requirements Incomplete

Importance: High

Mr. Rains,

Thank you for your application to the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information:

- Please confirm whether the PAR 1-3 and Par 4 is a fully-insured plan or a self-insured plan.

We look forward to receiving your completed application. Thank you.

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

alexandra.botwinick@hhs.gov

CRACKER:000011

September 9, 2010

HHS

Office of Consumer Information and Insurance Oversight, Office of Oversight

ATTN: Mr. James Mayhew

Room 737-F-04

200 Independence Ave. SW

Washington, DC 20201

RE: Waiver Application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year

Dear Mr. Mayhew:

As directed by OCIIO Sub-Regulatory Guidance (OCIIO 2010-1): Process for Obtaining Waivers of the Annual Limits Requirements of PHS Act Section 2711, this document is providing the required information needed to apply for a waiver for the CBOCS, Inc. Limited Medical Plan referred to as the “Affordable Health Plan” for the plan year beginning January 1, 2011.

1. The terms of the plans or policy form for which a waiver is sought

- a. The Affordable Health Plan terms are attached as Exhibit A. The Affordable Health Plan is comprised of two separate plan designs, both detailed in Exhibit A. The two plans are named the RS, PAR 1-3 plan and the PAR 4 plan. These plans were in force prior to September 23, 2010 and are self-insured.

2. The number of individuals covered by the plans submitted

- a. As of July 3, 2010, there were (b)(4) employees enrolled in this plan representing (b)(4) enrolled members in the Affordable Health Plan. (b)(4) employees, (b)(4) members, are enrolled in the RS, PAR 1-3 plan. (b)(4) employees, (b)(4) members, are enrolled in the PAR 4 plan.

3. The annual limits and rates applicable to the plans submitted

- a. The annual limits are detailed in the plan designs shown in **Exhibit A**. The rates applicable to these plans are contained in **Exhibit B**, and described in #4 below. Specifically, the following limits are in place:

	RS, PAR 1—3 plan	PAR 4 plan
Preventive Care	(b)(4) annual max	(b)(4) annual max
Inpatient Services	(b)(4) annual max	(b)(4) annual max
Inpatient Surgery	(b)(4) per occurrence max	(b)(4) per occurrence max annual max annual max per occurrence max annual max
Outpatient Services	(b)(4) annual max	
Other Outpatient Services	(b)(4) annual max	
Maternity Services	(b)(4) per occurrence max	
Emergency Room Services	(b)(4) annual max	
Prescription Drugs	(b)(4) annual max	annual max

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

- a. In the absence of obtaining a waiver from HHS, and in order to meet the requirements detailed in the PHS Act, CBOCS has developed a plan design that meets all of the documented requirements. CBOCS has also obtained the pricing associated with this plan that would have applied for 2010. If a waiver were not obtained from HHS for the Affordable Health Plan, CBOCS will be forced to make employees choose between a plan that is considerably more costly than the plan currently offered and declining coverage altogether.

The Affordable Health Plan currently provides CBOCS employees with an affordable plan that covers approximately (b)(4)% of the costs incurred by the covered population. In that way, CBOCS is providing a reasonable benefit at a premium that the average employee can afford.

If coverage were offered as part of the proposed compliant plan under the cost sharing arrangements in place for the Affordable Health plan, the employees currently enrolled in the RS, PAR 1-3 plan would continue to be responsible for (b)(4)% of the expected cost of the plan. The monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4)%. For those individuals enrolled in the PAR 4 plan, the monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4)%. Those enrolled with dependent coverage would experience similar increases.

For these individuals, making on average \$ (b)(4) for RS, PAR 1-3 and \$ (b)(4) per hour for PAR 4, the reduction in income for the RS, PAR 1-3 group is (b)(4) per month and for the PAR 4 group is \$ (b)(4) per month based on an average (b)(4) week. For both of these groups, this represents a significant increase in premium. In addition, due to the sensitivity of hourly income employees to small changes in their income, it is expected that a majority of these currently covered employees would choose to decline coverage rather than incur these higher premiums.

If a waiver is not obtained, CBOCS believes that this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.

5. An attestation, signed by the plan administrator of the issuer of 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 a significant increase in premiums paid by those covered by such plans.

- a. This attestation is attached as Exhibit C.

This letter provides all of the requested information to obtain a waiver of the annual limit requirements of PHS Act Section 2711.

Sincerely,

John W. Rains
Vice President, Compensation and Benefits
CBOCS, Inc.
P.O. Box 787
305 Hartmann Drive
Lebanon, TN 37087
615-443-9439

EXHIBIT A

Medical Coverage - 2010	RS, PAR 1 - 3 Medical Benefits	PAR 4 Medical Benefits
	In-Network & Out-of-Network	In-Network & Out-of-Network
Calendar Year Deductible	(b)(4)	
Individual		
Family		
Annual Out of Pocket Maximum		
Lifetime Maximum		
Preventive (Wellness) Care	(b)(4)	
Services include routine physical examinations and well child care.		
Office Visit* (7 visit annual maximum per member. This includes any combination of office visits.)		
Convenience Care Center		
Primary Care Physician; Behavioral Health Providers		
Specialist; Urgent Care Center	(b)(4)	
Inpatient Services		
Inpatient Facility (Illness, Accident, or Maternity), Skilled Nursing Facility, Inpatient Behavioral Health		
Inpatient Surgery/Professional Fees		
Outpatient Services		
Outpatient Surgery (Facility or Office Visit*), Lab/X-ray, Ambulance, Chemotherapy, Drugs dispensed in an office or outpatient setting (see pharmacy benefit for additional drug benefits), Radiation Therapy, Dialysis, Outpatient Diagnostic Services, Tubal Ligation, Vasectomy, Morbid Obesity, Mammograms, Colonoscopies, and Sigmoidoscopies. *Office visit applies toward the 7 visit annual maximum per member		
Other Outpatient Services		
Speech Therapy, Physical Therapy, Occupational Therapy, Home Health Care, Durable Medical Equipment, Disposable Medical Supplies		
Maternity Services		
Maternity Outpatient (Pre-Post Natal Care)		
Inpatient Delivery & Newborn		
Emergency Room		
Life Threatening Situation or Serious Accident		
Non-Emergency		
Mental Health/Substance Abuse (EAP)		
Counseling Sessions (Office Visit*) *Office visit applies toward the 7 visit annual maximum per member Psychiatric visits do not qualify for EAP. EAP visits are for short term counseling not medication management (no Psychiatrists or Nurse Practitioners). Members are not eligible if they are already in treatment for chronic/ongoing conditions.		
Prescription Drug	(b)(4)	
Generic		
Preferred		
Non-Preferred		
Specialty Annual Maximum		

EXHIBIT B

CRACKER BARREL 2010 RATES

Current

Individual Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion

Family Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion

MONTHLY RATE

Par 0-1 NTU	Par 0-1 TU	Par 2 NTU	Par 2 TU	Par 3 NTU	Par 3 TU	Par 4 NTU	Par 4 TU
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(b)(4)

Proposed

Individual Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion
Increase in Employee Contribution (%)

Family Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion
Increase in Employee Contribution (%)

MONTHLY RATE

Par 0-1 NTU	Par 0-1 TU	Par 2 NTU	Par 2 TU	Par 3 NTU	Par 3 TU	Par 4 NTU	Par 4 TU
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(b)(4)

EXHIBIT C

Attestation

I, John W. Rains, as CBOCS's Vice President, Compensation and Benefits and Officer of the company, and as Plan Administrator, attest to the fact that the current limited benefit plan was in force prior to September 23, 2010 and that if a waiver from HHS is not obtained, this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.

John W. Rains
Vice President, Compensation and Benefits

September 9, 2010

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Friday, October 01, 2010 9:37 AM
To: 'Rains John 503'
Subject: RE: Application to the Waiver of the Annual Limits Requirements Incomplete
Mr. Rains,

Thank you for your inquiry into the status of your application. After examining your file, it appears your application is complete. We are reviewing your waiver application with the additional information you provided us with on September 17, 2010, and based on the complete application, we will determine whether the policy or plan meets the requirements of the Waiver process. We are reviewing applications on a rolling basis, while keeping in mind each plans effective date. As stated in the OCIIO Sub-regulatory Guidance (OCIIO 2010-1), "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." Your application has an effective date of 1/1/2011.

We are doing our best to turn applications around quickly, and a decision will be e-mailed to you as soon as your application has been fully reviewed. We appreciate your patience in this matter.

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

Sincerely,

Alexandra Botwinick

Office of Oversight
HHS/OCIIO

alexandra.botwinick@hhs.gov

From: Rains John 503 [mailto:John.Rains@crackerbarrel.com]
Sent: Thursday, September 30, 2010 5:21 PM
To: Botwinick, Alexandra (HHS/OCIIO)
Subject: RE: Application to the Waiver of the Annual Limits Requirements Incomplete

Ms. Botwinick, I wanted to follow-up on on waiver application and find out if you need anything additional. The press release today from Jay Angoff indicated completed applications were generally processed in 48 hours. I want to be sure we are not missing anything.

Sincerely,
John W. Rains
Vice President, Compensation and Benefits
Cracker Barrel Old Country Store, Inc.

From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Friday, September 17, 2010 2:30 PM
To: Rains John 503
Subject: RE: Application to the Waiver of the Annual Limits Requirements Incomplete

CRACKER:000018

Mr. Rains,

Thank you for your prompt response. We will review your waiver application with the additional information and based on the application, we will determine whether the policy or plan meets the requirements of the Waiver process.

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

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

alexandra.botwinick@hhs.gov

From: Rains John 503 [mailto:John.Rains@crackerbarrel.com]
Sent: Friday, September 17, 2010 2:37 PM
To: Botwinick, Alexandra (HHS/OCIIO)
Subject: RE: Application to the Waiver of the Annual Limits Requirements Incomplete

Ms. Botwinick, I could not tell from your e-mail if my confirmation was adequate or you needed an updated waiver application. I am including an updated waiver application with the verbiage regarding the self-insured status under #1. Thank You. John

From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Friday, September 17, 2010 12:29 PM
To: Rains John 503
Subject: Application to the Waiver of the Annual Limits Requirements Incomplete
Importance: High

Mr. Rains,

Thank you for your application to the Waiver of the Annual Limits Requirements of the PHS Act Section 2711. In order to complete your application, please provide the following information:

- Please confirm whether the PAR 1-3 and Par 4 is a fully-insured plan or a self-insured plan.

We look forward to receiving your completed application. Thank you.

Sincerely,

Alexandra Botwinick

CRACKER:000019

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

CRACKER:000020

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Friday, October 01, 2010 9:52 AM
To: 'John.Rains@crackerbarrel.com'
Subject: Waiver of the Annual Limits Requirements of the PHS Act Section 2711

Attachments: Waiver App Approval Letter .pdf

Dear Mr. Rains,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Cracker Barrel. After receiving your e-mail concerning the status of your application, and verifying that it is now complete, HHS was able to review your application and make a 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

CRACKER:000021

From: Botwinick, Alexandra (HHS/OCIO)

Sent: Friday, October 08, 2010 3:33 PM

To: 'John.Rains@crackerbarrel.com'

Subject: Waiver Approval Letter

Attachments: January 1 Approval Letter .pdf

Mr. Rains,

Please see the attachment for Cracker Barrel's signed waiver approval letter. Have a nice weekend.

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

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIO

alexandra.botwinick@hhs.gov

CRACKER:000022



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and
Insurance Oversight
Washington, DC 20201

Date: October 2010 *SL*
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, 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.

From: Rains John 503 [John.Rains@crackerbarrel.com]
Sent: Monday, October 11, 2010 8:40 AM
To: Botwinick, Alexandra (HHS/OCIIO)
Subject: RE: Waiver Approval Letter

Follow Up Flag: Follow up

Flag Status: Blue

[Ms. Botwinick, thank you for taking care of this. Have a great week. John](#)

*John W. Rains
Vice President, Compensation and Benefits
Cracker Barrel Old Country Store, Inc.
P.O. Box 787
Lebanon, TN 37088
615.443.9439*

From: Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]
Sent: Friday, October 08, 2010 2:33 PM
To: Rains John 503
Subject: Waiver Approval Letter

Mr. Rains,

Please see the attachment for Cracker Barrel's signed waiver approval letter. Have a nice weekend.

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

Sincerely,

Alexandra Botwinick

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

CRACKER:000025



September 9, 2010

HHS
 Office of Consumer Information and Insurance Oversight, Office of Oversight
 ATTN: Mr. James Mayhew
 Room 737-F-04
 200 Independence Ave. SW
 Washington, DC 20201

RE: Waiver Application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year

Dear Mr. Mayhew:

As directed by OCIIO Sub-Regulatory Guidance (OCIIO 2010-1): Process for Obtaining Waivers of the Annual Limits Requirements of PHS Act Section 2711, this document is providing the required information needed to apply for a waiver for the CBOCS, Inc. Limited Medical Plan referred to as the "Affordable Health Plan" for the plan year beginning January 1, 2011.

1. The terms of the plans or policy form for which a waiver is sought

- a. The Affordable Health Plan terms are attached as Exhibit A. The Affordable Health Plan is comprised of two separate plan designs, both detailed in Exhibit A. The two plans are named the RS, PAR 1-3 plan and the PAR 4 plan. These plans were in force prior to September 23, 2010.

2. The number of individuals covered by the plans submitted

- a. As of July 31, 2010, there were (b)(4) employees enrolled in this plan representing (b)(4) enrolled members in the Affordable Health Plan. (b)(4) employees, (b)(4) members, are enrolled in the RS, PAR 1-3 plan. (b)(4) employees, (b)(4) members, are enrolled in the PAR 4 plan.

3. The annual limits and rates applicable to the plans submitted

- a. The annual limits are detailed in the plan designs shown in Exhibit A. The rates applicable to these plans are contained in Exhibit B, and described in #4 below. Specifically, the following limits are in place:

	RS, PAR 1—3 plan	PAR 4 plan
Preventive Care	(b)(4) annual max	(b)(4) annual max
Inpatient Services	(b)(4) annual max	(b)(4) annual max
Inpatient Surgery	(b)(4) per occurrence max	(b)(4) per occurrence max
Outpatient Services	(b)(4) annual max	(b)(4) annual max
Other Outpatient Services	(b)(4) annual max	(b)(4) annual max
Maternity Services	(b)(4) per occurrence max	(b)(4) per occurrence max
Emergency Room Services	(b)(4) annual max	(b)(4) annual max
Prescription Drugs	(b)(4) annual max	(b)(4) annual max

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

- a. In the absence of obtaining a waiver from HHS, and in order to meet the requirements detailed in the PHS Act, CBOCS has developed a plan design that meets all of the documented requirements. CBOCS has also obtained the pricing associated with this plan that would have applied for 2010. If a waiver were not obtained from HHS for the Affordable Health Plan, CBOCS will be forced to make employees choose between a plan that is considerably more costly than the plan currently offered and declining coverage altogether.

The Affordable Health Plan currently provides CBOCS employees with an affordable plan that covers approximately (b)(4)% of the costs incurred by the covered population. In that way, CBOCS is providing a reasonable benefit at a premium that the average employee can afford.

If coverage were offered as part of the proposed compliant plan under the cost sharing arrangements in place for the Affordable Health plan, the employees currently enrolled in the RS, PAR 1-3 plan would continue to be responsible for (b)(4)% of the expected cost of the plan. The monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4)%. For those individuals enrolled in the PAR 4 plan, the monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4)%. Those enrolled with dependent coverage would experience similar increases.

For these individuals, making on average \$ (b)(4) for RS, PAR 1-3 and \$ (b)(4) per hour for PAR 4, the reduction in income for the RS, PAR 1-3 group is \$ (b)(4) per month and for the PAR 4 group is \$ (b)(4) per month based on an average work week. For both of these groups, this represents a significant increase in premium. In addition, due to the sensitivity of hourly income employees to small changes in their income, it is expected that a majority of these currently covered employees would choose to decline coverage rather than incur these higher premiums.

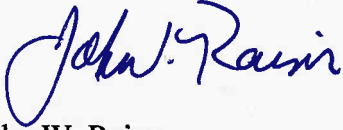
If a waiver is not obtained, CBOCS believes that this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.

5. An attestation, signed by the plan administrator of the issuer of 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 a significant increase in premiums paid by those covered by such plans.

- a. This attestation is attached as Exhibit C.

This letter provides all of the requested information to obtain a waiver of the annual limit requirements of PHS Act Section 2711.

Sincerely,

A handwritten signature in blue ink that reads "John W. Rains". The signature is written in a cursive style with a large initial "J" and "R".

John W. Rains
Vice President, Compensation and Benefits
CBOCS, Inc.
P.O. Box 787
305 Hartmann Drive
Lebanon, TN 37087
615-443-9439

EXHIBIT A

Medical Coverage - 2010	RS, PAR 1 - 3 Medical Benefits	PAR 4 Medical Benefits
	In-Network & Out-of-Network	In-Network & Out-of-Network
Calendar Year Deductible	(b)(4)	
Individual		
Family		
Annual Out of Pocket Maximum		
Lifetime Maximum		
Preventive (Wellness) Care	(b)(4)	
Services include routine physical examinations and well child care.		
Office Visit* (7 visit annual maximum per member. This includes any combination of office visits.)		
Convenience Care Center		
Primary Care Physician, Behavioral Health Providers		
Specialist, Urgent Care Center	(b)(4)	
Inpatient Services		
Inpatient Facility (Illness, Accident, or Maternity), Skilled Nursing Facility, Inpatient Behavioral Health		
Inpatient Surgery/Professional Fees		
Outpatient Services		
Outpatient Surgery (Facility or Office Visit*), Lab/X-ray, Ambulance, Chemotherapy, Drugs dispensed in an office or outpatient setting (see pharmacy benefit for additional drug benefits), Radiation Therapy, Dialysis, Outpatient Diagnostic Services, Tubal Ligation, Vasectomy, Morbid Obesity, Mammograms, Colonoscopies, and Sigmoidoscopies. *Office visit applies toward the 7 visit annual maximum per member		
Other Outpatient Services		
Speech Therapy, Physical Therapy, Occupational Therapy, Home Health Care, Durable Medical Equipment, Disposable Medical Supplies		
Maternity Services		
Maternity Outpatient (Pre-Post Natal Care)		
Inpatient Delivery & Newborn		
Emergency Room		
Life Threatening Situation or Serious Accident		
Non-Emergency		
Mental Health/Substance Abuse (EAP)		
Counseling Sessions (Office Visit*) *Office visit applies toward the 7 visit annual maximum per member Psychiatric visits do not qualify for EAP. EAP visits are for short term counseling not medication management (no Psychiatrists or Nurse Practitioners). Members are not eligible if they are already in treatment for chronic/ongoing conditions		
Prescription Drug	(b)(4)	
Generic		
Preferred		
Non-Preferred		
Specialty Annual Maximum		

EXHIBIT B

CRACKER BARREL 2010 RATES

Current

Individual Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion

Family Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion

Proposed

Individual Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion
Increase in Employee Contribution (%)

Family Coverage AHP

Plan Funding Rate
Employee's Contribution
Cracker Barrel's Portion
Increase in Employee Contribution (%)

MONTHLY RATE		Par 0-1	Par 0-1	Par 2	Par 2	Par 2	Par 3	Par 3	Par 4	Par 4
	NTU	TU	NTU	TU	NTU	TU	NTU	TU	NTU	TU
(b)(4)										

MONTHLY RATE		Par 0-1	Par 0-1	Par 2	Par 2	Par 3	Par 3	Par 4	Par 4
	NTU	TU	NTU	TU	NTU	TU	NTU	TU	TU
(b)(4)									

EXHIBIT C

Attestation

I, John W. Rains, as CBOCS's Vice President, Compensation and Benefits and Officer of the company, and as Plan Administrator, attest to the fact that the current limited benefit plan was in force prior to September 23, 2010 and that if a waiver from HHS is not obtained, this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.



John W. Rains
Vice President, Compensation and Benefits

September 9, 2010



September 10, 2010

HHS
Office of Consumer Information and Insurance Oversight, Office of Oversight
ATTN: Mr. James Mayhew
Room 737-F-04
200 Independence Ave. SW
Washington, DC 20201

RE: Waiver Application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year

Dear Mr. Mayhew:

CBOCS, Inc. submitted a waiver application to HHS via e-mail on September 9 and next-day delivery on September 10, 2010. After the submission, we noticed that one of our enrollment numbers was inaccurate in number "2". The total number of employees covered is correct; however, we incorrectly reported the total number of "members" covered by the plan. The total should be (b)(4)

Therefore, we are submitting a revised waiver with the corrected enrollment totals for your consideration. We apologize for any inconvenience. If you have any questions, please feel free to contact me directly at the address below, jrains@crackerbarrel.com or 615-443-9439.

Sincerely,

A handwritten signature in blue ink that reads "John W. Rains".

John W. Rains
Vice President, Compensation and Benefits
CBOCS, Inc.
P.O. Box 787
Lebanon, TN 37088



September 9, 2010

HHS
 Office of Consumer Information and Insurance Oversight, Office of Oversight
 ATTN: Mr. James Mayhew
 Room 737-F-04
 200 Independence Ave. SW
 Washington, DC 20201

RE: Waiver Application for CBOCS, Inc. Limited Medical Plan, 2011 Plan Year

Dear Mr. Mayhew:

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1. The terms of the plans or policy form for which a waiver is sought

- a. The Affordable Health Plan terms are attached as Exhibit A. The Affordable Health Plan is comprised of two separate plan designs, both detailed in Exhibit A. The two plans are named the RS, PAR 1-3 plan and the PAR 4 plan. These plans were in force prior to September 23, 2010.

2. The number of individuals covered by the plans submitted

- a. As of July 31, 2010, there were (b)(4) employees enrolled in this plan representing (b)(4) enrolled members in the Affordable Health Plan. (b)(4) employees, (b)(4) members, are enrolled in the RS, PAR 1-3 plan. (b)(4) employees, (b)(4) members, are enrolled in the PAR 4 plan.

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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

- a. In the absence of obtaining a waiver from HHS, and in order to meet the requirements detailed in the PHS Act, CBOCS has developed a plan design that meets all of the documented requirements. CBOCS has also obtained the pricing associated with this plan that would have applied for 2010. If a waiver were not obtained from HHS for the Affordable Health Plan, CBOCS will be forced to make employees choose between a plan that is considerably more costly than the plan currently offered and declining coverage altogether.

The Affordable Health Plan currently provides CBOCS employees with an affordable plan that covers approximately 90% of the costs incurred by the covered population. In that way, CBOCS is providing a reasonable benefit at a premium that the average employee can afford.

If coverage were offered as part of the proposed compliant plan under the cost sharing arrangements in place for the Affordable Health plan, the employees currently enrolled in the RS, PAR 1-3 plan would continue to be responsible for (b)(4) % of the expected cost of the plan. The monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4) %. For those individuals enrolled in the PAR 4 plan, the monthly individual premium, in 2010 premium dollars, would increase from \$ (b)(4) to \$ (b)(4) or an increase of (b)(4) %. Those enrolled with dependent coverage would experience similar increases.

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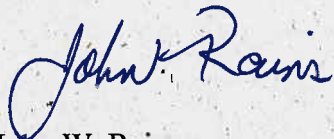
If a waiver is not obtained, CBOCS believes that this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.

5. An attestation, signed by the plan administrator of the issuer of 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 a significant increase in premiums paid by those covered by such plans.

- a. This attestation is attached as Exhibit C.

This letter provides all of the requested information to obtain a waiver of the annual limit requirements of PHS Act Section 2711.

Sincerely,

A handwritten signature in blue ink that reads "John W. Rains". The signature is written in a cursive style with a large initial "J" and "R".

John W. Rains
Vice President, Compensation and Benefits
CBOCS, Inc.
P.O. Box 787
305 Hartmann Drive
Lebanon, TN 37087
615-443-9439

EXHIBIT A

Medical Coverage - 2010	RS, PAR 1 - 3 Medical Benefits	PAR 4 Medical Benefits
	In-Network & Out-of-Network	In-Network & Out-of-Network
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Family		
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Lifetime Maximum		
Preventive (Wellness) Care	(b)(4)	
Services include routine physical examinations and well child care.		
Office Visit* (7 visit annual maximum per member. This includes any combination of office visits.)		
Convenience Care Center		
Primary Care Physician; Behavioral Health Providers		
Specialist; Urgent Care Center	(b)(4)	
Inpatient Services		
Inpatient Facility (Illness, Accident, or Maternity), Skilled Nursing Facility,		
Inpatient Behavioral Health		
Inpatient Surgery/Professional Fees		
Outpatient Services		
Outpatient Surgery (Facility or Office Visit*), Lab/X-ray, Ambulance,		
Chemotherapy, Drugs dispensed in an office or outpatient setting (see		
pharmacy benefit for additional drug benefits), Radiation Therapy,		
Dialysis, Outpatient Diagnostic Services, Tubal Ligation, Vasectomy,		
Morbid Obesity, Mammograms, Colonoscopies, and Sigmoidoscopies.		
*Office visit applies toward the 7 visit annual maximum per member		
Other Outpatient Services		
Speech Therapy, Physical Therapy, Occupational Therapy, Home Health		
Care, Durable Medical Equipment, Disposable Medical Supplies		
Maternity Services		
Maternity Outpatient (Pre-Post Natal Care)		
Inpatient Delivery & Newborn		
Emergency Room	(b)(4)	
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Psychiatric visits do not qualify for EAP. EAP visits are for short term		
counseling not medication management (no Psychiatrists or Nurse		
Practitioners). Members are not eligible if they are already in treatment		
for chronic/ongoing conditions.		
Prescription Drug		
Generic		
Preferred		
Non-Preferred		
Specialty		
Annual Maximum		

EXHIBIT B

CRACKER BARREL 2010 RATES

Current
Individual Coverage AHP

Plan Funding Rate
 Employee's Contribution
 Cracker Barrel's Portion

Family Coverage AHP

Plan Funding Rate
 Employee's Contribution
 Cracker Barrel's Portion

Proposed

Individual Coverage AHP

Plan Funding Rate
 Employee's Contribution
 Cracker Barrel's Portion
 Increase in Employee Contribution (%)

Family Coverage AHP

Plan Funding Rate
 Employee's Contribution
 Cracker Barrel's Portion
 Increase in Employee Contribution (%)

MONTHLY RATE		Par 0-1	Par 0-1	Par 2	Par 2	Par 3	Par 3	Par 4	Par 4
	NTU	TU	NTU	TU	NTU	TU	NTU	TU	TU
(b)(4)									

MONTHLY RATE		Par 0-1	Par 0-1	Par 2	Par 2	Par 3	Par 3	Par 4	Par 4
	NTU	TU	NTU	TU	NTU	TU	NTU	TU	TU
(b)(4)									

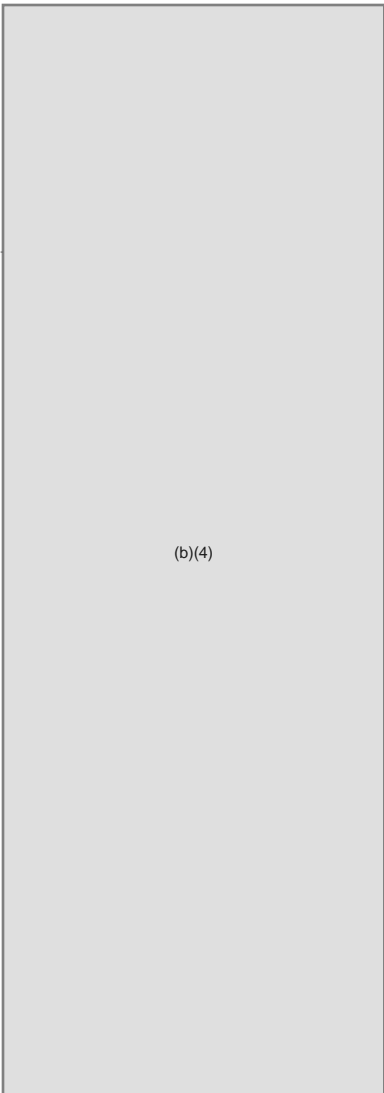
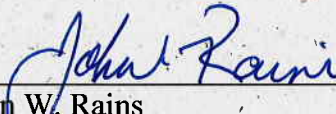


EXHIBIT C

Attestation

I, John W. Rains, as CBOCS's Vice President, Compensation and Benefits and Officer of the company, and as Plan Administrator, attest to the fact that the current limited benefit plan was in force prior to September 23, 2010 and that if a waiver from HHS is not obtained, this would result in both a significant increase in premium and consequently a decrease in access to benefits for those currently covered.



John W. Rains
Vice President, Compensation and Benefits

September 9, 2010