

**From:** Timothy Klimpl [t.klimpl@hohlaw.com]  
**Sent:** Wednesday, December 01, 2010 12:34 PM  
**To:** HHS HealthInsurance (HHS)  
**Cc:** v.ohara@hohlaw.com  
**Subject:** waiver

**Attachments:** Cover letter for Waiver Application- Correction Captains Association Security Benefits Fund.pdf;  
Application for Waiver-Correction Captains Association Security Benefits Fund.pdf; SummaryofBenefits2009.pdf  
Dear HHS:

Enclosed please find a letter dated December 1, 2010 and application for Waiver from the Correction Captains Association Security Benefits Fund for your attention. A Summary of Benefits is also attached as part of the application.

Very truly yours,

Timothy S. Klimpl  
Holm & O'Hara LLP  
3 West 35th Street- 9th Floor  
New York, New York 10001  
Tel (212)682-2280, Fax (212)682-2153  
[t.klimpl@hohlaw.com](mailto:t.klimpl@hohlaw.com)  
[www.hohlaw.com](http://www.hohlaw.com)

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Thank you for your attention to this matter.  
-----

VINCENT F. O'HARA  
WILLIAM P. HOLM\*  
MICHAEL L. LANDSMAN  
CAROL G. DELL

ABBAY M. HORWITZ†  
VALERIA A. KOZHICH  
CINDY C. LEE†  
JESSICA L. DUBUSS\*

\* ALSO ADMITTED IN CT  
† ALSO ADMITTED IN NJ

HOLM & O'HARA LLP  
ATTORNEYS AT LAW  
3 WEST 35TH STREET, 9TH FLOOR  
NEW YORK, NEW YORK 10001-2204  
(212) 682-2280  
FAX (212) 682-2153  
www.hohlaw.com

CONNECTICUT OFFICE  
73 MAIN STREET  
P.O. BOX 215  
SHARON, CT 06069  
(860) 364-0627



December 1, 2010

**Via Email**

HHS, Office of Consumer Information and Insurance Oversight  
Office of Oversight

Attn: James Mayhew

Re: Waiver of the PHS Act Section 2711 Annual Limits Requirement  
Correction Captains Association Security Benefits Fund  
Our File No. 4612.000

Dear Mr. Mayhew:

Please be advised that the law firm of Holm & O'Hara LLP represents the Corrections Captains Association Security Benefits Fund (the "Fund"). Enclosed is the Fund's application for a waiver of the Annual Limits Requirement of Public Health Service Act Section 2711.

Please note that the Fund is a New York City collectively-bargained, governmental plan offering limited benefits that are intended to supplement members' and their families' major medical coverage, which is provided by the City of New York. As such, the Fund has annual limits well below the restricted annual limits set forth in the Interim Final Rules, and contributions cannot be increased to meet the additional cost of increasing the annual limits. Accordingly, the Fund respectfully requests a waiver of these restricted annual limits.

If you require any additional information in connection with this application, please feel free to contact me at (212)-682-2280, ext. 32. Thank you for your courtesy and cooperation in this matter.

Very truly yours,

Timothy S. Klimpl

Enclosures

cc: Trustees

L:\VFO\COR-CAP\4612-SBF\cover letter to HHS.doc

CORR CPT:000002

**CORRECTION CAPTAINS ASSOCIATION SECURITY BENEFITS FUND**  
**APPLICATION FOR WAIVER OF THE ANNUAL LIMITS REQUIREMENT**  
**OF PUBLIC HEALTH SERVICE ACT SECTION 2711**

1. **The terms of the plan or policy form(s) for which a waiver is sought.**

Please see attached "Summary of Benefits."

2. **The number of individuals covered by the plan or policy form(s) submitted.**

Active Members: (b)(4)                      Dependents: (b)(4)                      Total: (b)(4)

3. **The annual limit(s) and rates applicable to the plan or policy form(s) submitted.**

Prescription Drug:

(b)(4) cap per year per family for plastic drug card and maintenance drug program. The prescription drug benefit is available for members who did not purchase the optional drug coverage through their health insurance.

Dental Program:

There are two dental plans available to members and eligible dependents. The Capitation Plan is comprised of a panel of dentists, and members and eligible dependents choose one site for the entire family. There is generally no out-of-pocket cost under this plan. Under the Freedom of Choice Plan Scheduled Plan, members and eligible dependents select from either a participating dentist or a dentist of their choosing. If a non-participating provider is used, payment is reimbursed based on a fee schedule. Under the Freedom of Choice Plan Scheduled Plan, there is a (b)(4) cap per individual, within a calendar year.

Optical Benefit:

The Fund provides an eye examination and one pair of prescription eyewear per calendar year. If a member uses a non-participating provider, reimbursement is available up to (b)(4) for glasses and an exam, and (b)(4) for contact lenses or bifocals and an exam.

Ambulance/Emergency Room Benefit:

The Fund provides up to (b)(4) reimbursement for ambulance use and (b)(4) for emergency room services after primary carrier reimbursement. Claims are limited to (b)(4) per family, per calendar year.

In-Hospital Benefit:

The Fund provides (b)(4) per day, with a maximum of (b)(4) consecutive days. No coverage for the first day. (b)(4) claim per calendar year.

Anesthesia Benefit:

The Fund provides up to (b)(4) reimbursement for in-hospital anesthesia after primary carrier reimbursement. (b)(4) per calendar year per individual.

Healthcare Out-of-Pocket Reimbursement:

The Fund pays a maximum of (b)(4) per calendar year to reimburse some healthcare out-of-pocket expenses. Members may receive reimbursement for Medical, Hospital, non-Medicare Part D Prescription Drug expenses, and Optical co-payments or deductibles.

Orthopedic:

Available for children up to 5 years of age. There is a (b)(4) maximum per year for the first two years. The benefit covers (b)(4) percent of total cost, less (b)(4) percent.

Medically Prescribed Appliance Benefit:

The Fund reimburses (b)(4) percent of cost with a maximum of (b)(4) per calendar year per individual. The benefit covers medically prescribed appliances which are not covered under a medical plan.

- 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.**

Governmental Plan Offering Limited Supplemental Benefits

The Correction Captains Association Security Benefits Fund (the "Plan") is a self-insured, governmental plan that offers limited supplemental benefits under a collective bargaining agreement between the City of New York (the "City") and the Correction Captains Association. The Plan is funded through contributions made by the City for covered members based on a pro-rata annual amount of (b)(4) per participant. Payments are made pro-rata by the City every 28 days. Pursuant to the collective bargaining agreement, on June 1, 2011, the City's contribution increases to the pro-rata annual amount (b)(4) per participant, and to (b)(4) on May 1, 2012.

The Plan provides supplemental health and other benefits to participants of the Plan, and to their beneficiaries and covered dependents. These benefits supplement Correction Captains' and their family members' major medical coverage, which is provided by the City of New York. Supplemental benefits provided by the Fund include, but are not limited to: Prescription Drug, Dental, Optical, Life Insurance, Ambulance/Emergency Room, In-Hospital, Maternity, Catastrophic Medical and Healthcare Out-of-Pocket Reimbursement.

Financial Condition of the Plan

In the first three quarters of 2010, the Plan received (b)(4) in total income, including (b)(4) in employer contributions. During the same period, the Plan paid (b)(4) in members' benefits. The Plan ended the period with net income of (b)(4). Because

the Plan is funded through predetermined contributions from the City under the terms of a collective bargaining agreement, an increase in the Plan's benefit obligations will force the Plan to continue deficit spending and jeopardize its future solvency. In comparison to the Plan, the restricted annual limit of \$750,000 during the 2011 plan year represents (b)(4)% of the Plan's net assets at the end of 2009. Since 2007, (b)(4) individuals reached annual dollar limits under the orthopedic benefit. Thus, only (b)(4) participants or beneficiaries with claims that reach or even approach the restricted annual limit for the year would effectively render the Plan insolvent.

5. An attestation, signed by the plan administrator or Chief Executive Officer 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.

I, PATRICK FERLANDO, the administrator for the Correction Captains Association Security Benefits Fund certify that: 1) 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 plan or policies.

  
\_\_\_\_\_  
Administrator

Sworn to me on this 1<sup>st</sup> day  
of December, 2010

  
\_\_\_\_\_  
Notary Public

ANN M. WINSTON  
Notary Public, State of New York  
No. 01W16157360  
Qualified in New York County  
My Commission Exp. Dec. 4, 2010

**CORRECTION CAPTAINS ASSOCIATION**  
**ACTIVE SECURITY BENEFITS FUND**  
**SUMMARY OF BENEFITS**

**WHO IS ELIGIBLE?** Covered employee, spouse or registered domestic partner and dependent children to age 19. Full-time student dependent 19-23 and handicapped dependent children.

**1. LIFE INSURANCE**

**(646) 522-0370**

**Administered by Amalgamated Life**  
Employee\*  
Spouse  
Dep. Children\*\*  
A.D. & D. (Member Only)\*\*\*  
\* Plus (b)(4) from Union  
\*\* Plus (b)(4) from Union  
\*\*\* See Benefit booklet for details

**2. OPTICAL BENEFIT**

**Administered by Davis Vision**

Provides an eye examination and one pair of prescription eyewear, per calendar year. Current participating providers are as follows:

**(800) 999-5431**

Davis Vision

Choice of using participating provider or own optometrist

Reimbursement of up to:

Up to (b)(4) – glasses and/or exam\*

Up to (b)(4) – contact lenses/bifocals and/or exam\*

\* For members not utilizing participating providers

**3. DENTAL PROGRAM**

Choice of two (2) plans;

**(800) 537-1238**

Freedom of Choice Plan Scheduled Plan – Administered by S.I.D.S. Choice of S.I.D.S. Participating dentist or dentist of your own choice. If Non-Participating Provider is used, payment is reimbursed based on a fee schedule. There is a (b)(4) cap per individual, within a Calendar year. (Member or eligible dependent). Orthodontia (b)(4) per person lifetime maximum.

**(800) 468-0600**

Capitation Plan – Dentcare/Healthplex. Panel of dentists, Member and eligible dependents must choose one site for entire family. (b)(4) out-of-pocket cost except as noted for covered expenses.

**CORRECTION CAPTAINS ASSOCIATION**  
ACTIVE SECURITY BENEFITS FUND  
SUMMARY OF BENEFITS

**4. PRESCRIPTION  
DRUGS**

**(800) 451-6245**

**Administered by Administrative Services Only, Inc.**

**Effective 7/1/05 Express Scripts (Group# J32A)**

Plastic card program. Mandatory generic dis

Generic Drugs: Member pays the greater of (b)(4) %.

Brand Name when no generic equivalent: (b)(4) pays the greater of

(b)(4).

(b)(4) e with generic equivalent: Member pays greater of (b)(4) of the cost of generic plus the difference in the cost between t (b)(4) c and the brand name.

Quantity Limitations: As prescribed, up to and include a (b)(4) day supply or (b)(4) units, whichever is greater.

Maintenance Drug Program available. The direct-mail order Service would treat a prescription order for six-months medication as a two-month supply with two available refills. Same co-pay applies.

There is a (b)(4) cap per year per family for plastic drug card and maintenance (b)(4) rogram.

**IMPORTANT! Prescription coverage is only available to Captains who did not purchase the optional drug rider through their health insurance. New Captains who did not purchase this rider and have any health coverage other than GHI must submit a copy of their insurance card or completed City health application to A.S.O. in order to be added to the CCA Prescription Drug program.**

**Prior Coverage Information: The GHI/Express Scripts plan was in effect 1/1/04 – 6/30/05.**

**5. INNER IMAGING  
BODY SCAN BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

Provides a full body scanning to detect diseases of the heart, lungs, etc., in the early stages. All active and retired members will receive a (b)(4) benefit payment towards any of the tests specified below. This (b)(4) benefit is limited to (b)(4) exam once per lifetime. The tests m done at an Inner Im (b)(4) acility. This benefit is limited to members only. Spouses and dependents can utilize the Inner Imaging facility at the discounted rates listed below. There is no benefit payable from the Correction Captains Association for spouse or dependent testing.

The advanced screening tests include:

- Heart Scan
- Lung Scan
- Full Body Scan
- Virtual Colonography
- Non-invasive EB Angiography
- Nuclear Stress Testing

**CORRECTION CAPTAINS ASSOCIATION**  
ACTIVE SECURITY BENEFITS FUND  
SUMMARY OF BENEFITS

**6. CATASTROPHIC  
RIDER**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

If you are a GHI subscriber and you, your spouse or an eligible dependent child incur catastrophic medical expenses which results in out-of-pocket expenses in excess of (b)(4), GHI will pay (b)(4) of the usual and customary charges of the current profile if you have purchased their expanded plan. EXPENSES SUBMITTED MUST QUALIFY UNDER GHI "VERED EXPENSES." Lifetime maximum per individual is

(b)(4)

**7. MATERNITY  
BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

\$1,500 for each live birth when proof of claim is submitted. A birth certificate is required which indicates that the Member is the biological parent. No benefit for adoptions.

**8. HEARING AIDS**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

The Fund will pay a maximum total of (b)(4) per ear, (b)(4) every (b)(4) years. No benefit will be paid if a second purchase is made within 24 months of the previous purchase date. Itemized paid receipt and EOB from primary care provider must be submitted with claim form. The benefit is paid for Members, spouses and eligible dependent children.

**9. AMBULANCE /  
EMERGENCY ROOM  
BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

Up to (b)(4) reimbursement for ambulance use after primary carrier reimbursement.

Up to (b)(4) reimbursement for emergency room services after primary carrier reimbursement. Claims are limited to (b)(4) per family, per calendar year. The benefit is paid for members, spouse, and eligible dependent children.

**10. IN-HOSPITAL  
BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

(b)(4) per day. Maximum of (b)(4) consecutive days.

No coverage first day.

**Member only benefit.** One claim per calendar year.



**CORRECTION CAPTAINS ASSOCIATION**  
**ACTIVE SECURITY BENEFITS FUND**  
**SUMMARY OF BENEFITS**

**11. ORTHOPEDIC  
BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

For children up to 5 years of age. (b)(4)% of Total cost, less (b)(4)%. \$(b)(4) maximum per year for first two years. (b)(4) lifetime maximum per family. (Offered only when not covered under medical program.)

**12. MEDICALLY PRESCRIBED  
APPLIANCE BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

Fund will reimburse (b)(4)% of cost up to \$(b)(4) once per calendar year per individual for medically prescribed appliances which are not covered under medical plan. Proof of submission to medical carrier required. Only one claim is permitted per person, per calendar year. The benefit is paid for Members, spouse, and eligible dependent children.

**13. ANESTHESIA  
BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**

Up to \$(b)(4) reimbursement for in-hospital anesthesia after primary carrier reimbursement. EOB from your primary care provider must be submitted with claim form. The benefit is paid for Member, spouse, or dependent child. Once per calendar year per individual.

**14. HEALTHCARE OUT-OF-POCKET REIMBURSEMENT BENEFIT**

**(800) 537-1238**

**Administered by Administrative Services Only, Inc.**


The Fund will pay a maximum of \$(b)(4) per calendar year to reimburse some of your healthcare out-of-pocket expenses. You may receive reimbursement for Medical, Hospital, (Non Medicare Part D) Prescription and Optical Co-Payments or Deductibles. Benefits will not be payable for expenses that do not meet the IRS guidelines.



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

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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](mailto:OCIIOOversight@hhs.gov).

**From:** Andrews, Jane (HHS/OCIIO)

**Sent:** Tuesday, January 04, 2011 11:53 AM

**To:** 'Timothy Klimpl'

**Cc:** Mayhew, James A. (CMS/CPC); 'president@nyccca.org'; 'v.ohara@hohlaw.com'; Habit, Sandra (HHS/OCIIO)

**Subject:** RE: Corrections Captains Association SBF- decrease in access to benefits

Thank you. I think we have enough information to proceed.

Jane W. Andrews

OCIIO

7501 Wisconsin Ave

Bethesda, MD 20814

desk)

(b)(6) Blackberry)

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**From:** Timothy Klimpl [mailto:t.klimpl@hohlaw.com]

**Sent:** Monday, January 03, 2011 5:04 PM

**To:** Andrews, Jane (HHS/OCIIO)

**Cc:** Mayhew, James A. (CMS/CPC); president@nyccca.org; v.ohara@hohlaw.com

**Subject:** Corrections Captains Association SBF- decrease in access to benefits

Dear Ms. Andrews:

I am in receipt of your email dated January 3, 2010. Please note that I also spoke with James Mayhew by telephone on December 14, 2010 regarding the Fund's application, and sent a follow-up email on December 21, 2010, per Mr. Mayhew's request. That email is copied below for your reference.

The Corrections Captains Association Security Benefits Fund ("Fund") is a collectively-bargained, governmental plan funded by the City of New York, which is intended to supplement the corrections captains and their families' major medical coverage that is also provided by the City of New York. The Fund in a precarious financial condition, having experienced a net income of - (b)(4) in the first three quarters of 2010. Additionally, the Fund has significantly low net assets in comparison to restricted annual limit of \$750,000 for essential health benefits in the 2011 plan year. This annual limit represents (b)(4) % of the plan's net assets at the end of 2009. Because only (b)(4) number of individuals reaching a \$750,000 annual limit effectively render the Fund insolvent, the Fund will need to eliminate benefits under the Plan that could reasonably be considered essential health benefits. The eliminated benefits would or may include:

- Prescription drug benefit (also available to members through their major medical plans, which are separate from the Fund)
- Dental benefit
- Optical benefit
- Ambulance/emergency room benefit
- In-hospital benefit
- Anesthesia reimbursement benefit
- Healthcare out-of-pocket reimbursement benefit
- Orthopedic benefit
- Medically prescribed appliance benefit

The Fund is awaiting OCIIO's decision on the waiver application. If the application is not approved, to protect its solvency, the Fund will need to eliminate such benefits that it reasonably interprets as essential health benefits, based on Section 1302(b) of the Patient Protection and Affordable Care Act, and prior to any regulatory interpretive guidance.

If you have any further questions or concerns regarding the Fund's application for waiver, please do not hesitate to contact me.

Very truly yours,

Timothy S. Klimpl

CORR CPT:000012

Holm & O'Hara LLP  
3 West 35th Street- 9th Floor  
New York, New York 10001  
Tel (212)682-2280, Fax (212)682-2153  
[t.klimpl@hohlaw.com](mailto:t.klimpl@hohlaw.com)  
[www.hohlaw.com](http://www.hohlaw.com)

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Thank you for your attention to this matter.

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**For your application for a waiver of annual limits waiver on behalf of Correction Captains Association, we were unable to make a determination based on inadequate information on the decrease in access to benefits. Are you able to provide more information on what the actual decrease in access to benefits is? Thank you.**

Jane W. Andrews  
OCIIO  
7501 Wisconsin Ave  
Bethesda, MD 20814  
301-492-4122 (desk)  
(b)(6) (Blackberry)

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**From:** Timothy Klimpl [mailto:[t.klimpl@hohlaw.com](mailto:t.klimpl@hohlaw.com)]  
**Sent:** Tuesday, December 21, 2010 3:11 PM  
**To:** 'james.mayhew@cms.hhs.gov'  
**Cc:** 'v.ohara@hohlaw.com'  
**Subject:** clarification- waiver application for Correction Captains Association Security Benefits Fund

Dear Mr. Mayhew:

I am writing in response to your question per our phone conversation on 12/14/10, regarding the waiver application of the Correction Captains Association Security Benefits Fund. In particular, you asked our office to confirm that prescription drug coverage is available through the major medical coverage that members receive outside of the Fund.

After speaking with the Fund office, we have confirmed that the prescription drug benefit is only available to those members who did not choose prescription drug coverage through their major medical coverage provider, which is typically GHI. For your convenience I have attached the 2009 Summary of Benefits, which explains the availability of the prescription benefit through the Fund.

Thank you for your courtesy and cooperation in this matter. If you have any further questions regarding the Fund or its application, please do not hesitate to contact me.

Timothy S. Klimpl  
Holm & O'Hara LLP  
3 West 35th Street- 9th Floor  
New York, New York 10001  
Tel (212)682-2280, Fax (212)682-2153  
[t.klimpl@hohlaw.com](mailto:t.klimpl@hohlaw.com)

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Thank you for your attention to this matter.

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

**Sent:** Monday, January 24, 2011 8:21 AM

**To:** 't.klimpl@hohlaw.com'

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

**Subject:** Correction Captains Association Waiver of the Annual Limits Requirements 1-24-2011

**Importance:** High

**Attachments:** Updated Jan 1 Approval Letter .pdf

Good Morning,

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

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

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

Alexandra Botwinick

Office of Oversight

HHS/OCIO

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

CORR CPT:000015

**From:** Timothy Klimpl [t.klimpl@hohlaw.com]

**Sent:** Monday, January 24, 2011 9:17 AM

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

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

**Subject:** RE: Correction Captains Association Waiver of the Annual Limits Requirements 1-24-2011

Dear Ms. Botwinick:

Please allow this e-mail to confirm Holm & O'Hara LLP's receipt of the Department's letter to the Correction Captains Association Security Benefits Fund. Thank you very much.

Very truly yours,

Timothy S. Klimpl

Holm & O'Hara LLP

3 West 35th Street- 9th Floor

New York, New York 10001

Tel (212)682-2280, Fax (212)682-2153

[t.klimpl@hohlaw.com](mailto:t.klimpl@hohlaw.com)

[www.hohlaw.com](http://www.hohlaw.com)

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Thank you for your attention to this matter.  
-----

---

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

**Sent:** Monday, January 24, 2011 8:21 AM

**To:** 't.klimpl@hohlaw.com'

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

**Subject:** Correction Captains Association Waiver of the Annual Limits Requirements 1-24-2011

**Importance:** High

Good Morning,

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

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

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

Alexandra Botwinick

Office of Oversight

CORR CPT:000016



HHS/OCIO

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

CORR CPT:000017