

10/20/10

**WINE AND LIQUOR SALESMEN OF NJ WELFARE FUND**  
**8402 18<sup>TH</sup> AVENUE**  
**BROOKLYN, NY 11214**  
**718-331-2375**

October 14, 2010

Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
200 Independence Avenue, SW  
Washington, D. C. 20201

Attention: James Mayhew, Room 737-F-04

Re: Application for Waiver of Annual Limits Requirements of Public Health Service  
Act Section 2711

Dear Mr. Mayhew:

The Wine and Liquor Salesmen of NJ Welfare Fund (the "Fund") EIN # 22-1522177 is a Taft-Hartley self-insured multi-employer Welfare Fund governed by the Employee Retirement Income Security Act of 1974, as amended and qualified under Section 501(c)(9) of the Internal Revenue Code, as amended. The Fund provides a program of health benefits (the "Plan") covering employees of Employers who have collective bargaining agreements with the Wine and Liquor Salesmen Local 19-D Union.

1. The Plan is funded by Employer contributions, which are paid into a Trust Fund. Employer contribution rates are set forth in the applicable Collective Bargaining Agreements and/or Participation Agreements.
2. There are currently (b)(4) participants in the Plan ((b)(4) employees and (b)(4) dependents). For the prior year ended October 31, 2009 there were (b)(4) participants in the plan ((b)(4) employees and (b)(4) dependents).
3. We are projecting that costs will increase by the medical inflation rate of between (b)(4) without even taking into consideration the changes required by PPACA. We project that if the current annual limits were eliminated and the \$750,000 annual limit was applied, costs would increase by an additional (b)(4) - (b)(4) on top of the medical inflation increase. Accordingly, removing the Plan's current annual limits and implementing a \$750,000 annual limit would result in a significant increase in the contribution amount needed to properly fund the Plan.

The Plan is applying for a waiver of the annual limits requirements of PHS Act Section 2711. The Plan currently does not have an overall plan year limit on medical benefits but does have the following annual limits on specific medical benefits:

- a) \$ (b)(4) on prescriptions (Of the waivers requested, this limit is the only one which is a family limit, rather than an individual limit)
- b) \$ (b)(4) on external prosthetic devices
- c) \$ (b)(4) on biofeedback
- d) \$ (b)(4) on group therapy
- e) \$ (b)(4) on hearing aids
- f) \$ (b)(4) on diabetic supplies
- g) \$ (b)(4) on outpatient nursing visits

- h) \$ (b)(4) on orthotics
- i) \$ on private duty nursing
- j) \$ on substance abuse family counseling
- k) \$ on pediatric oral care
- l) \$ on growth therapy

4. For the last Plan year ending October 31, 2009 the Fund received \$ (b)(4) in contributions and paid out \$ (b)(4) in benefits and expenses. Removing the annual limits on specific benefits will undoubtedly increase expenses. Further, complying with the other requirements under the Acts (i.e. age 26 dependent coverage) is projected to increase the Plan's cost between (b)(4) and (b)(4)

Therefore, compliance with these rules would result in a significant increase in the contribution amount needed to properly fund the Plan. As the contribution amounts are set forth in Collective Bargaining Agreements, and based on the current economy, it is not likely that the Employers will increase their required contributions.

Accordingly, the Trustees would have no alternative but to give up the Plan's grandfathered status and eliminate or reduce benefits currently being provided to equalize the Plan's expenses with the contributions received. Therefore, compliance with the rules would result in a significant decrease in benefits for those currently covered by the Plan as the Plan would be eliminated and replaced with a lower cost Plan that would provide lesser benefits to those currently covered by the Plan.

The chart below reflects the projected contribution rates that would required if the \$750,000 annual limits was applied:

Level of Coverage	2010 January Premium (current level of contributions)	2011 January Premium (if annual limits remain in place)	2011 January Premium (if annual limits are removed)
Member and Family	(b)(4)		

5. I do hereby attest that I am the Plan Administrator and that the above Plan was in force prior to September 23, 2010 and that based upon the above information, the application of restricted annual limits to the Plan would result in a significant decrease in access to benefits for those currently covered by the Plan and/or a significant increase in the premium needed to cover the cost of the Plan without the Plan's current annual limits.

Very truly yours,



Leonard Richman  
Administrator

**From:** Scelzo, Kathleen (HHS/OCIO)  
**Sent:** Monday, November 08, 2010 11:36 AM  
**To:** Habit, Sandra (HHS/OCIO)  
**Subject:** FW: The Wine and Liquor Salesmen of NJ Welfare Fund 19-D

**Attachments:** Local 19 HCR Waiver Letter 101410.docx

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

---

**From:** Albert Alimena [mailto:[aja@dickinsongrp.com](mailto:aja@dickinsongrp.com)]  
**Sent:** Monday, November 08, 2010 11:20 AM  
**To:** Scelzo, Kathleen (HHS/OCIO)  
**Subject:** FW: The Wine and Liquor Salesmen of NJ Welfare Fund 19-D

Trying again.

Albert J. Alimena,  
Managing Director  
Dickinson Group LLC  
825 East Gate Blvd.  
Suite 102  
Garden City, New York 11530  
Direct Dial 516-740-5300 Fax 516-740-5301 Cell 516-527-1909  
Email [aja@dickinsongrp.com](mailto:aja@dickinsongrp.com)

*We demonstrate "Higher Standards" in all we do, everyday!*

---

**From:** Albert Alimena  
**Sent:** Monday, November 08, 2010 11:16 AM  
**To:** Theresa Iannizzi  
**Subject:** FW: The Wine and Liquor Salesmen of NJ Welfare Fund 19-D

Terry this came back can you try to send it to her?

Albert J. Alimena,  
Managing Director  
Dickinson Group LLC  
825 East Gate Blvd.  
Suite 102  
Garden City, New York 11530  
Direct Dial 516-740-5300 Fax 516-740-5301 Cell 516-527-1909  
Email [aja@dickinsongrp.com](mailto:aja@dickinsongrp.com)

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---

**From:** Albert Alimena [mailto:[Aja@dickinsongrp.com](mailto:Aja@dickinsongrp.com)]

WLS NJ:000003

**Sent:** Monday, November 08, 2010 11:09 AM  
**To:** 'Scelzo, Kathleen (HHS/OCIIO) '  
**Cc:** richard c. smith  
**Subject:** The Wine and Liquor Salesmen of NJ Welfare Fund 19-D

Good day Ms. Scelzo we are the consultants for the 19-D Welfare Fund and wish to obtain a status and update as to this application. Could you assist us or direct it to someone who can be of help. Thank you very much for your assistance.

Albert J. Alimena,  
Managing Director  
Dickinson Group LLC  
825 East Gate Blvd.  
Suite 102  
Garden City, New York 11530  
Direct Dial 516-740-5300 Fax 516-740-5301 Cell 516-527-1909  
Email [aja@dickinsongrp.com](mailto:aja@dickinsongrp.com)

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**From:** Theresa Iannizzi [tmi@dickinsongrp.com]  
**Sent:** Monday, November 08, 2010 11:34 AM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ  
*Thank you.*

*Theresa Iannizzi  
Dickinson Group,LLC  
825 East Gate Blvd Ste 102  
Garden City, NY 11530  
Phone:516 833-9300  
Fax: 516 833-9350  
Direct:516-740-5304  
Fax: 516 740-5305  
e-mail: tmi@dickinsongrp.com*

---

**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Monday, November 08, 2010 11:32 AM  
**To:** Theresa Iannizzi  
**Subject:** Waiver Application - Wine and Liquor Salesman of NJ

I have attached the fax sheet that I sent to Mr. Richman regarding the information I would need to complete the application. If you have any questions, please feel free to contact me.

Thanks,  
Sandy

Sandra Habit  
Quality Analyst  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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WLS NJ:000005

**From:** Habit, Sandra (HHS/OCIO)  
**Sent:** Monday, November 08, 2010 11:32 AM  
**To:** 'tmi@dickinsongrp.com'  
**Subject:** Waiver Application - Wine and Liquor Salesman of NJ

**Attachments:** Waiver Application Questions (2).doc

I have attached the fax sheet that I sent to Mr. Richman regarding the information I would need to complete the application. If you have any questions, please feel free to contact me.

Thanks,  
Sandy

Sandra Habit  
Quality Analyst  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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WLS NJ:000006

**From:** Theresa Iannizzi [tmi@dickinsongrp.com]  
**Sent:** Monday, November 08, 2010 2:57 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

**Attachments:** recv0365-001.tif  
*Sandy,*

*Attached is your response to your questions in regards to Wine and Liquor Salesman of NJ. If there is anything else that you need please e-mail me and let me know.*

*Regards,*

*Theresa*

*Theresa Iannizzi  
Dickinson Group,LLC  
825 East Gate Blvd Ste 102  
Garden City, NY 11530  
Phone:516 833-9300  
Fax: 516 833-9350  
Direct:516-740-5304  
Fax: 516 740-5305  
e-mail: tmi@dickinsongrp.com*

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**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Monday, November 08, 2010 11:32 AM  
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Sandra Habit  
Quality Analyst  
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WLS NJ:000007

**From:** Theresa Iannizzi [tmi@dickinsongrp.com]  
**Sent:** Friday, December 10, 2010 12:24 PM  
**To:** Habit, Sandra (HHS/OCIO)  
**Subject:** Re: Waiver Application - Wine and Liquor Salesman of NJ  
Thank you!!

Sent via BlackBerry by AT&T

---

**From:** "Habit, Sandra (HHS/OCIO)" <Sandra.Habit@hhs.gov>  
**Date:** Fri, 10 Dec 2010 12:20:15 -0500  
**To:** 'Theresa Iannizzi' <tmi@dickinsongrp.com>  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Theresa,

I apologize for not getting back to you. Your application is being reviewed by leadership. You should receive a response shortly.

Thank you,  
Sandy

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Friday, December 10, 2010 11:59 AM  
**To:** Theresa Iannizzi; Habit, Sandra (HHS/OCIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Ms. Habit,

I am following up on the below e-mail sent to you in regards to your request for additional information for Wine and Liquor Salesman of NJ. Please advise.

Regards,

Theresa

---

**From:** Theresa Iannizzi  
**Sent:** Monday, November 08, 2010 2:57 PM  
**To:** Habit, Sandra (HHS/OCIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

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Regards,

Theresa

Theresa Iannizzi  
Dickinson Group, LLC  
825 East Gate Blvd Ste 102

WLS NJ:000008

Garden City, NY 11530  
Phone: 516 833-9300  
Fax: 516 833-9350  
Direct: 516-740-5304  
Fax: 516 740-5305  
e-mail: [tmi@dickinsongrp.com](mailto:tmi@dickinsongrp.com)

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**Sent:** Monday, November 08, 2010 11:32 AM  
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WLS NJ:000009

**From:** Theresa Iannizzi [tmi@dickinsongrp.com]  
**Sent:** Friday, December 10, 2010 11:59 AM  
**To:** Theresa Iannizzi; Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ  
Ms. Habit,

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Regards,

Theresa

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**Sent:** Monday, November 08, 2010 2:57 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
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e-mail: tmi@dickinsongrp.com*

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**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Monday, November 08, 2010 11:32 AM  
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**Subject:** Waiver Application - Wine and Liquor Salesman of NJ

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Sandra Habit  
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WLS NJ:000010

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**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Friday, December 10, 2010 12:20 PM  
**To:** 'Theresa Iannizzi'  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ  
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Sandy

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**Sent:** Friday, December 10, 2010 11:59 AM  
**To:** Theresa Iannizzi; Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

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Fax: 516 833-9350  
Direct:516-740-5304  
Fax: 516 740-5305  
e-mail: tmi@dickinsongrp.com*

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**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Monday, November 08, 2010 11:32 AM  
**To:** Theresa Iannizzi

WLS NJ:000012

**Subject:** Waiver Application - Wine and Liquor Salesman of NJ

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Thanks,  
Sandy

Sandra Habit  
Quality Analyst  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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WLS NJ:000013

**From:** Theresa Iannizzi [tmi@dickinsongrp.com]  
**Sent:** Wednesday, December 22, 2010 1:31 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** FW: Waiver Application - Wine and Liquor Salesman of NJ

Ms. Habit,

I am just following up on your response to me in regards to the waiver application for the Wine and Liquor Salesman of NJ, as your last e-mail stated that the application spreadsheet was being reviewed by leadership and I would receive a response shortly, ( which was Dec 10<sup>th</sup> ) I was just wondering if there was any news as I have not heard back from anyone yet.

Regards,

Theresa

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Friday, December 10, 2010 12:24 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Re: Waiver Application - Wine and Liquor Salesman of NJ

Thank you!!

Sent via BlackBerry by AT&T

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**From:** "Habit, Sandra (HHS/OCIIO)" <Sandra.Habit@hhs.gov>  
**Date:** Fri, 10 Dec 2010 12:20:15 -0500  
**To:** 'Theresa Iannizzi' <tmi@dickinsongrp.com>  
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**To:** Theresa Iannizzi; Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

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Regards,

Theresa

---

WLS NJ:000014

**From:** Theresa Iannizzi  
**Sent:** Monday, November 08, 2010 2:57 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

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Phone:516 833-9300  
Fax: 516 833-9350  
Direct:516-740-5304  
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Sandra Habit  
Quality Analyst  
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[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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WLS NJ:000015

**From:** Habit, Sandra (HHS/OCIO)  
**Sent:** Wednesday, December 29, 2010 5:18 PM  
**To:** 'Theresa Iannizzi'  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ  
Theresa,

I apologize for the delay. I will have a response for you tomorrow.

Thank you for your patience,  
Sandy

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Wednesday, December 22, 2010 1:31 PM  
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**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

WLS NJ:000016

Ms. Habit,

I am following up on the below e-mail sent to you in regards to your request for additional information for Wine and Liquor Salesman of NJ. Please advise.

Regards,

Theresa

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**From:** Theresa Iannizzi  
**Sent:** Monday, November 08, 2010 2:57 PM  
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Phone:516 833-9300  
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e-mail: tmi@dickinsongrp.com*

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**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
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**To:** Theresa Iannizzi  
**Subject:** Waiver Application - Wine and Liquor Salesman of NJ

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Sandy

Sandra Habit  
Quality Analyst  
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[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

WLS NJ:000017

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**From:** Theresa Iannizzi [tmi@dickinsongrp.com]

**Sent:** Wednesday, December 29, 2010 5:18 PM

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

**Subject:** Out of Office: Waiver Application - Wine and Liquor Salesman of NJ

I will be out of the office on Thursday Dec 23rd thru Thursday Dec 30th. Please be advised that the Dickinson Group will be closed Friday Dec 24th and Friday Dec 31st for the Holiday's. I will have limited access to my e-mails. If you require immediate assistance, please call the operator for assistance.

Thank You,

Theresa

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Thursday, December 30, 2010 11:44 AM  
**To:** 'Theresa Iannizzi'  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ 12-30-2010

**Importance:** High

**Attachments:** Updated Jan 1 Approval Letter .pdf  
Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for **Wine and Liquor Salesman of NJ**. HHS has reviewed your application and made its determination. Please see the attached letter.

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

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

Sincerely,

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Thursday, December 30, 2010 10:22 AM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Thank you I appreciate you looking into this for me

---

**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Wednesday, December 29, 2010 5:18 PM  
**To:** Theresa Iannizzi  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Theresa,

I apologize for the delay. I will have a response for you tomorrow.

Thank you for your patience,  
Sandy

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Wednesday, December 22, 2010 1:31 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** FW: Waiver Application - Wine and Liquor Salesman of NJ

Ms. Habit,

I am just following up on your response to me in regards to the waiver application for the Wine and Liquor Salesman of NJ, as your last e-mail stated that the application spreadsheet was being reviewed by leadership and I would receive a response shortly, ( which was Dec 10<sup>th</sup> ) I was just wondering if there was any news as I have not heard back from anyone yet.

WLS NJ:000020

Regards,

Theresa

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Friday, December 10, 2010 12:24 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** Re: Waiver Application - Wine and Liquor Salesman of NJ

Thank you!!

Sent via BlackBerry by AT&T

---

**From:** "Habit, Sandra (HHS/OCIIO)" <Sandra.Habit@hhs.gov>  
**Date:** Fri, 10 Dec 2010 12:20:15 -0500  
**To:** 'Theresa Iannizzi' <tmi@dickinsongrp.com>  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Theresa,

I apologize for not getting back to you. Your application is being reviewed by leadership. You should receive a response shortly.

Thank you,  
Sandy

---

**From:** Theresa Iannizzi [mailto:tmi@dickinsongrp.com]  
**Sent:** Friday, December 10, 2010 11:59 AM  
**To:** Theresa Iannizzi; Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Ms. Habit,

I am following up on the below e-mail sent to you in regards to your request for additional information for Wine and Liquor Salesman of NJ. Please advise.

Regards,

Theresa

---

**From:** Theresa Iannizzi  
**Sent:** Monday, November 08, 2010 2:57 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Albert Alimena; Josephine Mcdougall  
**Subject:** RE: Waiver Application - Wine and Liquor Salesman of NJ

Sandy,

*Attached is your response to your questions in regards to Wine and Liquor Salesman of NJ. If there is anything else that you need please e-mail me and let me know.*

Regards,

Theresa

WLS NJ:000021

*Theresa Iannizzi  
Dickinson Group, LLC  
825 East Gate Blvd Ste 102  
Garden City, NY 11530  
Phone: 516 833-9300  
Fax: 516 833-9350  
Direct: 516-740-5304  
Fax: 516 740-5305  
e-mail: [tmi@dickinsongrp.com](mailto:tmi@dickinsongrp.com)*

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**From:** Habit, Sandra (HHS/OCIIO) [mailto:[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)]  
**Sent:** Monday, November 08, 2010 11:32 AM  
**To:** Theresa Iannizzi  
**Subject:** Waiver Application - Wine and Liquor Salesman of NJ

I have attached the fax sheet that I sent to Mr. Richman regarding the information I would need to complete the application. If you have any questions, please feel free to contact me.

Thanks,  
Sandy

Sandra Habit  
Quality Analyst  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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

WLS NJ:000022

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WLS NJ:000023

Sandy

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*Sandy,*

*Attached is your response to your questions in regards to Wine and Liquor Salesman of NJ. If there is anything else that you need please e-mail me and let me know.*

*Regards,*

*Theresa*

*Theresa Iannizzi  
Dickinson Group,LLC  
825 East Gate Blvd Ste 102  
Garden City, NY 11530  
Phone:516 833-9300  
Fax: 516 833-9350  
Direct:516-740-5304  
Fax: 516 740-5305  
e-mail: tmi@dickinsongrp.com*

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Thanks,  
Sandy

Sandra Habit

WLS NJ:000024

Quality Analyst  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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WLS NJ:000025

November 8, 2010

Dear Applicant:

RE: Wine and Liquor Salesman of NJ

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 ATCO Rubber:

1. Indicate if there are essential benefit limits and the amount for the following categories :

<input type="checkbox"/> Ambulatory: \$	<input type="checkbox"/> Maternity: \$
<input type="checkbox"/> Emergency (ER): \$	<input type="checkbox"/> Mental Health/Substance Abuse: \$
<input type="checkbox"/> Hospitalization: \$	<input type="checkbox"/> Rehabilitative: \$
<input type="checkbox"/> Laboratory: \$	<input type="checkbox"/> Preventive: \$
<input type="checkbox"/> Pediatric: \$	<input type="checkbox"/> Prescription (RX): \$

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 the plan's Renewal Effective Date.
4. Indicate if the plan is an individual or group policy.
5. Indicate the type of plan, i.e. Limited Benefit, Comprehensive, Prescription.
6. Indicate if the plan has a Lifetime limit.

Please provide this information by 5:00 pm, November 10, 2010. We look forward to receiving your completed application. Thank you.

Sandra Habit

Department of Health and Human Services

Office of Consumer Information and Insurance Oversight

(P) 301-492-4175

(F) 301-492-4217

November 8, 2010

Sandra Habit  
Rules Compliance Division  
Office of Insurance Oversight  
Office of Consumer Information and Insurance Oversight (OCIIO)  
Department of Health and Human Services

RE: Wine and Liquor Salesmen of NJ Local 19D

Dear Ms. Habit:

Please see below responses to your request for information on the Waiver Application for the Wine and Liquor Salesmen of NJ Local 19D Welfare Plan:

1. Indicate if there are essential benefit limits and the amount for the following categories :

(b)(4)

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	n/a	n/a	n/a	n/a
EE + Child (if applicable or other appropriate tier)	n/a	n/a	n/a	n/a
EE + Spouse (if applicable or other appropriate tier)	n/a	n/a	n/a	n/a
Family (if applicable or other appropriate tier)	(b)(4)			



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).