

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Wednesday, February 02, 2011 7:47 AM
To: 'mike@dalelaw.com'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: FW: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund Waiver of the Annual Limits Requirements

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 Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

The attached letter refers to the following plans:
Plan 1

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/OCIIO
(301) 492-4177

alexandra.botwinick@hhs.gov

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

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Tuesday, February 01, 2011 3:54 PM
To: mike@dalelaw.com; Habit, Sandra (HHS/OCIIO)
Subject: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund Waiver of the Annual Limits Requirements
Importance: High

Good Afternoon,

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

The attached letter refers to the following plans:

BBD L67:000001

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Alexandra Botwinick

Office of Oversight

HHS/OCIO

alexandra.botwinick@hhs.gov

BBD L67:000002

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Tuesday, February 01, 2011 3:54 PM
To: mike@dalelaw.com; Habit, Sandra (HHS/OCIIO)
Subject: Beverage and Brewery Drivers Local No. 67 Health and Welfare
Trust Fund Waiver of the Annual Limits Requirements

Importance: High

Attachments: Updated Jan 1 Approval Letter .pdf

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Alexandra Botwinick

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

BBD L67:000003

From: Mike Smith [Mike@dalelaw.com]
Sent: Wednesday, February 02, 2011 10:23 AM
To: Botwinick, Alexandra (HHS/OCIIO)
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund Waiver of the Annual Limits Requirements

Alexandra:

This is to confirm receipt. Thank you.

Michael F. Smith, Esq.
McChesney & Dale, P.C.
Attorneys at Law
4000 Mitchellville Road, Suite 222
Bowie, MD 20716
Phone: (301) 805-6080
Fax: (301) 805-6086
mike@dalelaw.com

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

From: Botwinick, Alexandra (HHS/OCIIO)
[mailto:Alexandra.Botwinick@hhs.gov]
Sent: Wednesday, February 02, 2011 7:47 AM
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Office of Oversight
HHS/OCIIO
(301) 492-4177

alexandra.botwinick@hhs.gov

BBD L67:000004

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To: mike@dalelaw.com; Habit, Sandra (HHS/OCIIO)

Subject: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund Waiver of the Annual Limits Requirements

Importance: High

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

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

alexandra.botwinick@hhs.gov

BBD L67:000005

Attachment to Annual Limit Waiver Application

Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund

*Decrease in Access to Benefits that would result from compliance with \$750,000
Annual Limit Restriction*

Because the contribution rate for the Plan is fixed by existing collective bargaining agreements, the additional benefit costs associated with the elimination of the (b)(4) maximum annual benefit and other maximums cannot be offset by the plan's obtain additional employer contributions. To finance the increased benefit costs to the Plan, the Plan would need to either: (1) drastically increase participant cost sharing; or, (2) decrease or eliminate the package of benefits available to Plan employees.

For example, to finance the increased costs through participant cost sharing, the Plan would have to make benefit reductions such as: (1) a substantial increase in the calendar year deductible; (2) a substantial increase in the participant's co-payment amounts; and (3) a substantial increase in the participant's coinsurance amounts.

Please note that as recently as 2005, because increased costs to the Plan, the Plan was forced to: (1) drop dental benefits; (2) add a (b)(4) emergency room co-payment; (3) a (b)(4) ment for outpatient office visits; reduce the coinsurance amount from (b)(4) and (5) increase the calendar year deductible from (b)(4) per member to (b)(4) with a family maximum deductible of (b)(4) .

In the absence of the requested waiver, the Plan is preparing to make even more drastic reductions to the health benefit plan. If the Plan must drastically increase participant cost sharing, or decrease or eliminate the package of benefits available to Plan employees, this will result in a significant decrease in access to benefits for Plan participants.

ANNUAL LIMIT WAIVER APPLICATION 2010

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
Applicant ABC	Plan 1	Washington	DC	01/01/2011	Jane Doe	100 ABC Drive	Washington	DC	20201	1-800-ABC-1234	abc@abchea lthplan.com	Limited Benefit	Yes	Group	4,000	\$100,000
Applicant ABC	Plan 1	Washington	DC	01/01/2011	Jane Doe	100 ABC Drive	Washington	DC	20202	1-800-ABC-1234	abc@abchea lthplan.com	Limited Benefit	Yes	Group	2,500	\$100,000
Beverage and	Plan 1	(b)(4)														
Beverage and	Plan 1	(b)(4)														
PRA Disclosure Statement																
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1105. The time required to complete this information collection is estimated to average (8 hours) or (240 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.																

ANNUAL LIMIT WAIVER APPLICATION 2010

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)										Office Visit Copays/Coinsurance	Hospital Inpatient Copay/Coinsurance	Emergency Room Copay/Coinsurance	Rx Copay/Coinsurance				
Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Plan	Copay (if applicabl	Coinsuranc e (if	Copay (if applicabl	Coinsura nce (if applicabl	Copay (if applicabl	Coinsura nce (if applicabl	Copay (if applicabl e)	Coinsuran ce (if applicabl)
None	None	None	None	None	None	None	None	None								\$10.00	None
None	None	None	None	None	None	None	None	None			(b)(4)					\$10.00	None
None	None	replacement of limit	None	None	None	None	for hearing ai (b)(4)	(b)(4)	None			(b)(4)				r \$250 per %	% after \$20,0
None	None	replacement of limit	None	None	None	None	for hearing ai		None							r \$250 per %	% after \$20,0

ANNUAL LIMIT WAIVER APPLICATION 2010

Individual/ Employee Tier*	Current Monthly Premium Rates or Premium Equivalent Rates (in dollars)*:			Renewal Monthly Premium Rates or Premium Equivalent Rates if Waiver Granted (in dollars)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars) (Average Premium by Individual)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by Individual) (Difference of Column AT and AQ divided by Column AQ)	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly in cell or in a	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation
	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total				
Employee											None	Jane Doe	Plan Administrator
Employee + Family											None	Jane Doe	Plan Administrator
						(b)(4)							
Employee											See attached	Franklin Mye	Chairman, Board of Trustees (Plan Administrator)
Employee + Family											See attached	Franklin Mye	Chairman, Board of Trustees (Plan Administrator)

* When completing the columns requesting premium rate information, please express the premium rates as a composite rate (if premiums are a range based on years of service or age) and by tier (Employee, Employee + Spouse, Employee + Child, Family, etc.) as applicable. If you are an issuer, please provide the premium amount in the column titled, "Total" (Column AN, AQ and AT).

12/08/10

McChesney & Dale, P.C.

Attorneys At Law
Suite 222
4000 Mitchellville Road
Bowie, MD 20716

WILLIAM P. DALE DC, MD
CHARLES F. FULLER DC, MD
MICHAEL F. SMITH DC, MD
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(301) 805-6080
Fax (301) 805-6086

11130 Main Street
Suite 310
Fairfax, VA 22030
(703)359-3788

ROBERT W. McCHESNEY, JR. OF COUNSEL

VICTORIA CHAN-PABLO Paralegal
SHARON W. SALMON Paralegal

December 7, 2010

VIA UPS Overnight Delivery

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

Re: Application for Waiver of the Annual Limit Requirements of PHS Act Section 2711

Dear Mr. Mayhew:

Attached is an "Application for Waiver of the Annual Limit Requirements of PHS Act Section 2711" from the Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (the Plan), a health plan established and maintained as the result of collective bargaining between the Beverage and Brewery Drivers Local No. 67 and signatory employers. In the absence of this waiver, access to benefits under the Plan will need to be significantly decreased or eliminated.

The Plan provides benefits for employees whose employers make contributions on their behalf under a collective bargaining agreement. The contribution rate for employees covered by the Plan was set based upon the Plan's existing overall annual limit of (b)(4) and other annual limits on medical benefits. The Plan only provides benefits up to a (b)(4) annual limit, and includes the following limits:

- Heart, Heart-Lung and Liver Transplants - (b)(4) lifetime maximum
- Temporomandibular Joint Syndrome - (b)(4) lifetime maximum

- Replacement of limb(s) or eye(s) - (b)(4) annual maximum
- In-Patient Hospice Care - (b)(4) per period of care
- Outpatient Hospice Care - (b)(4) per period of care
- Hearing Aid - (b)(4) annual maximum
- Well Care Visits (excluding covered immunizations) - (b)(4) annual maximum
- Overall Lifetime Limit - (b)(4)

The Plan year begins on March 1st. Pursuant to the Patient Protection and Affordable Care Act (PPACA), the Plan must eliminate its (b)(4) lifetime maximum and other lifetime maximums on benefits effective March 1, 2011. In order to ensure the continued viability of the Plan without its participants experiencing a significant decrease in access to benefits, it is essential that the Plan be able to retain its current annual maximum of (b)(4) which is well below the minimum annual benefit limit of \$750,000 allowed under the interim final regulations) and other annual limits. Therefore, pursuant to the guidelines set forth in OCIO Sub-Regulatory Guidance (OCIO 2010-1): Process for Obtaining Waivers of the Annual Limits Requirements of PHS Act Section 2711, the Plan respectfully requests a waiver.

The Plan's current and projected required contribution amounts are as follows:

Level of Coverage	2010 January Premium (current level of Contributions)	2011 Required Contributions (if annual limits remain in place)	2011 Required Contributions (if annual limits are removed)
Employee			
Family		(b)(4)	

See Application Signed by Plan Administrator. Notably, the Plan Administrator estimates a (b)(4) increase in costs to the Plan if the current annual limits remain in place, but a (b)(4) increase in costs to the Plan if the current annual limits are removed and replaced with the restricted annual limits for 2011 established in the interim final regulations published on June 28, 2010.

The Plan is self-insured. Because the contribution rate for the Plan is fixed by existing collective bargaining agreements, the additional benefit costs associated with the elimination of the (b)(4) maximum annual benefit, the (b)(4) maximum lifetime benefit, and the other item-specific lifetime and annual benefits listed above, and their replacement with an annual maximum benefit of \$750,000, cannot be offset by the plan's ability to obtain additional employer contributions. To finance the increased benefit costs to the Plan resulting from replacing the (b)(4) maximum annual benefit, the (b)(4) maximum lifetime benefit, and the other item-specific lifetime and annual benefits listed above with a \$750,000 annual benefit, the Plan would need to either: (1) drastically increase

Mr. James Mayhew
December 7, 2010
Page 3 of 3

participant cost sharing; or, (2) decrease or eliminate the package of benefits available to Plan employees.

For example, to finance the increased costs through participant cost sharing, the Plan would have to make benefit reductions such as: (1) a substantial increase in the calendar year deductible; (2) a substantial increase in the participant's co-payment amounts; and (3) a substantial increase in the participant's coinsurance amounts.

Please note that as recently as 2005, because of increased costs to the Plan, the Plan was forced to: (1) drop dental benefits; (2) add a (b)(4) emergency room co-payment; (3) add a (b)(4) co-payment for outpatient office visits; (4) reduce the coinsurance amount from (b)(4) and (5) increase the calendar year deductible from (b)(4) per member to (b)(4) per member with a family maximum deductible of (b)(4).

In the absence of the requested waiver, the Plan is preparing to make even more drastic reductions to the health benefit plan. If the Plan must drastically increase participant cost sharing, or decrease or eliminate the package of benefits available to Plan employees, this will result in a significant decrease in access to benefits for Plan participants.

We sincerely appreciate your kind attention to this matter. If you have any questions, please do not hesitate to contact me or Bill Dale at (301) 805-6080.

Very truly yours,

McChesney & Dale, P.C.



Michael F. Smith

Enclosures

CC: Kathy Cole; Al Cardillo

BEVERAGE DRIVERS HEALTH AND WELFARE TRUST FUNDS

Fund Office: GEMGroup, Administrator, The Constellation Centre One, 6009 Oxon Hill Road, Suite 416, Oxon Hill, MD 20745
Phone: (301) 839-8800 / 1-800-424-2707 / Fax: (301) 839-8812

November 22, 2010

Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Office of Oversight
200 Independence Avenue, SW
Washington, DC 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 Beverage and Brewery Drivers Local #67 Health Fund (the "Fund") 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 International Brothers of Teamsters Beverage and Brewery Drivers Local #67.

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.
2. There are approximately (b)(4) individuals currently covered by the Plan ((b)(4) employees and (b)(4) dependents).
3. The Plan is applying for a waiver of the annual limits requirements of PHS Act Section 2711. The Plan currently has an overall calendar year limit of (b)(4) on medical benefits and the following limits on specific medical benefits:
 - (a) Heart, Heart-Lung and Liver Transplants - (b)(4) lifetime maximum
 - (b) Temporomandibular Joint Syndrome - (b)(4) lifetime maximum
 - (c) Replacement of limb(s) or eye(s) - (b)(4) annual maximum
 - (d) In-Patient Hospice Care - (b)(4) per period of care
 - (e) Outpatient Hospice Care - (b)(4) per period of care
 - (f) Hearing Aid - (b)(4) annual maximum
 - (g) Well Care Visits (excluding covered immunizations)- (b)(4) annual maximum.

For the last Plan Year ending February 28, 2010 the Fund received (b)(4) in contributions and paid out (b)(4) in benefits and expenses. Removing the annual limits on specific benefits and the overall annual limit described above will undoubtedly increase expenses. In addition, without even taking into consideration these changes, the projected annual trend increase for medical plans is (b)(4) to (b)(4). Further, complying with the other requirements of the Act (i.e. Age 26 dependent coverage) is projected to increase the plan's cost by up to (b)(4). Therefore, compliance with these rules would result in a significant increase in the contribution amount needed to properly Fund the Plan. The following charts set forth the current and projected required contribution amounts:

Level of Coverage	2010 January Premium (current level of Contributions)	2011 Required Contributions (if annual limits remain in place)	2011 Required Contributions (if annual limits are removed)
Employee		(b)(4)	
Family		(b)(4)	

Thus, we estimate a (b)(4) increase in costs to the Plan if the current annual limits remain in place, but a (b)(4) increase in costs to the Plan if the current annual limits are removed and replaced with the restricted annual limits for 2011 established in the interim final regulations published on June 28, 2010.

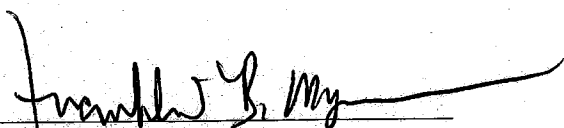
The contribution amounts are set forth in existing collective bargaining agreements and are not presently subject to renegotiation. Accordingly, the Trustees would have no alternative but to eliminate or significantly reduce benefits currently being provided, or significantly increase participant cost sharing, to equalize the Plan's expenses with the contributions received. Therefore, compliance with these rules would result in significant decreases in access to benefits for those currently covered by the Plan.

I do hereby attest that I am the Plan Administrator of the Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund and that:

1. The Plan was in force prior to September 23, 2010; and
2. Application of a restricted annual limit of \$750,000 on essential health benefits would result in a significant decrease in access to benefits for those currently covered by the Plan.

I hereby affirm that the foregoing is true and accurate to the best of my personal knowledge, information and belief.

11/28/10
Date


Plan Administrator

RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

From: Andrews, Jane (HHS/OCIIO)

Sent: Tuesday, January 18, 2011 11:39 AM

To: 'Mike Smith'

Cc: Habit, Sandra (HHS/OCIIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

I wanted you to know I received this e-mail and have submitted your application for final review. Thanks.

Jane W. Andrews

OCIIO

7501 Wisconsin Ave

Bethesda, MD 20814

301-492-4122 (desk)

202-536-6779 (Blackberry)

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 disclosure may result in prosecution to the full extent of the law.

From: Mike Smith [mailto:Mike@dalelaw.com]

Sent: Monday, January 17, 2011 6:59 PM

To: Andrews, Jane (HHS/OCIIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Jane:

There is j tier of coverage, and it covers (b)(4) individuals. The second line in the spreadsheet is just there to enable us to report that the plan has a (b)(4) family deductible. Perhaps it would have been clearer to only provide one line and a parenthetical explanation with respect to the (b)(4) family deductible, but we tried to follow the sample HHS provided.

Best regards,

--Mike

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

From: Andrews, Jane (HHS/OCIIO) [mailto:Jane.Andrews@hhs.gov]

Sent: Fri 1/14/2011 8:54 AM

To: Mike Smith

Cc: Habit, Sandra (HHS/OCIIO)

Subject: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

You included the same enrollment number on both lines. Thank you.

Jane W. Andrews

OCIIO

7501 Wisconsin Ave

Bethesda, MD 20814

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BBD L67:000015

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BBD L67:000016

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Cc: Habit, Sandra (HHS/OCIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Jane:

Thanks again, the approval letter was just emailed to me.

--Mike

Michael F. Smith, Esq.

McChesney & Dale, P.C.

Attorneys at Law

4000 Mitchellville Road, Suite 222

Bowie, MD 20716

Phone: (301) 805-6080

Fax: (301) 805-6086

mike@dalelaw.com

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Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Let me know if you don't receive an e-mail regarding your application this afternoon.

Jane W. Andrews

OCIO

7501 Wisconsin Ave

Bethesda, MD 20814

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Cc: Habit, Sandra (HHS/OCIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Jane:

Just to quickly follow up, do you know when we should expect a decision?

Thank you for your help.

Best regards,

BBD L67:000017

RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

--Mike

Michael F. Smith, Esq.
McChesney & Dale, P.C.
Attorneys at Law
4000 Mitchellville Road, Suite 222
Bowie, MD 20716
Phone: (301) 805-6080
Fax: (301) 805-6086
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To: Mike Smith
Cc: Habit, Sandra (HHS/OCIIO)
Subject: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

You included the same enrollment number on both lines. Thank you.

BBD L67:000018

RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Jane W. Andrews
OCIO
7501 Wisconsin Ave
Bethesda, MD 20814
301-492-4122 (desk)
202-536-6779 (Blackberry)

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BBD L67:000019

From: Mike Smith [Mike@dalelaw.com]
Sent: Thursday, January 13, 2011 9:46 AM
To: Andrews, Jane (HHS/OCIIO); Kottenmeier, Erika (HHS/OCIIO)
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (PHS Act Section 2711 Waiver Request)

Attachments: Attachment to Annual Limit Waiver Application.pdf

Jane:

Sorry, that attachment somehow missed the boat. Here it is.

Thanks,

--Mike

Michael F. Smith, Esq.
McChesney & Dale, P.C.
Attorneys at Law
4000 Mitchellville Road, Suite 222
Bowie, MD 20716
Phone: (301) 805-6080
Fax: (301) 805-6086
mike@dalelaw.com

From: Andrews, Jane (HHS/OCIIO) [mailto:Jane.Andrews@hhs.gov]
Sent: Wednesday, January 12, 2011 7:50 PM
To: Mike Smith; Kottenmeier, Erika (HHS/OCIIO)
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (PHS Act Section 2711 Waiver Request)

Mike – I can complete processing it soon; however, you have included under the column “significant decrease in benefits” “see letter.” Did you mean to attach a letter or some description? I may be missing it, but can you please provide the letter or what information it is you want to provide under that column?

Thanks.

Jane W. Andrews
OCIIO
7501 Wisconsin Ave
Bethesda, MD 20814
301-492-4122 (desk)
202-536-6779 (Blackberry)

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From: Mike Smith [mailto:Mike@dalelaw.com]
Sent: Wednesday, January 12, 2011 3:36 PM
To: Andrews, Jane (HHS/OCIIO); Kottenmeier, Erika (HHS/OCIIO)
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (PHS Act Section 2711 Waiver Request)

Jane:

BBD L67:000020

Attached is the completed spreadsheet. I left the HHS examples in place, and o
ponse is below them. With respect to our
plan, both rows are identical except that the second row indicates that there is a (b)(4) plan deductible per family.

With respect to the bullet point information requests:

- Yes, the Plan was in existence prior to March 23, 2010. Yes, the Plan is in compliance with grandfathering provisions, pursuant to 45 CFR 147.140.
- Yes, the Plan was created pursuant to the Taft-Hartley Act. The latest expiration date of a current Collective Bargaining Agreement is October 2013.

This plan will begin complying with the Patient Protection and Affordable Care Act on March 1, 2011. Therefore, your expeditious review of the plan's request for a waiver would be greatly appreciated. Can you kindly provide an estimate as to when the plan should expect an answer?

Please do not hesitate to contact me about this.

Best regards,

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Fax: (301) 805-6086
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BBD L67:000021

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From: Mike Smith [mailto:Mike@dalelaw.com]

Sent: Thursday, January 06, 2011 1:49 PM

To: Andrews, Jane (HHS/OCIIO); Kottenmeier, Erika (HHS/OCIIO)

Subject: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (PHS Act Section 2711 Waiver Request)

Hello Jane and Erika:

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This plan will begin complying with the Patient Protection and Affordable Care Act on March 1, 2011. Therefore, your expeditious review of the plan's request for a waiver would be greatly appreciated. Can you kindly provide an estimate as to when the plan should expect an answer?

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BBD L67:000022

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Sent: Wednesday, January 12, 2011 7:50 PM
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Attorneys at Law
4000 Mitchellville Road, Suite 222

BBD L67:000023

Bowie, MD 20716
Phone: (301) 805-6080
Fax: (301) 805-6086
mike@dalelaw.com

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Sent: Friday, January 07, 2011 6:12 PM
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Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (PHS Act Section 2711 Waiver Request)

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McChesney & Dale, P.C.

BBD L67:000024

Attorneys at Law
4000 Mitchellville Road, Suite 222
Bowie, MD 20716
Phone: (301) 805-6080
Fax: (301) 805-6086
mike@dalelaw.com

BBD L67:000025

From: Andrews, Jane (HHS/OCIIO)

Sent: Friday, January 14, 2011 8:55 AM

To: 'mike@dalelaw.com'

Cc: Habit, Sandra (HHS/OCIIO)

Subject: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

You included the same enrollment number on both lines. Thank you.

Jane W. Andrews

OCIIO

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Bethesda, MD 20814

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Cc: Habit, Sandra (HHS/OCIO)
Subject: RE: Beverage and Brewery Drivers Local No. 67 Health and Welfare Trust Fund (PHS Act Section 2711 Waiver Request)

Attachments: Waiver Application Form.xls

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BBD L67:000027

Bowie, MD 20716
Phone: (301) 805-6080
Fax: (301) 805-6086
mike@dalelaw.com

BBD L67:000028

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Sent: Wednesday, January 12, 2011 3:36 PM

To: Andrews, Jane (HHS/OCIO); Kottenmeier, Erika (HHS/OCIO)

Cc: Habit, Sandra (HHS/OCIO)

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BBD L67:000029

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mike@dalelaw.com

BBD L67:000030

RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

From: Mike Smith [Mike@dalelaw.com]

Sent: Tuesday, February 01, 2011 2:57 PM

To: Andrews, Jane (HHS/OCIO)

Cc: Habit, Sandra (HHS/OCIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Jane:

Just to quickly follow up, do you know when we should expect a decision?

Thank your for your help.

Best regards,

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Fax: (301) 805-6086

mike@dalelaw.com

From: Andrews, Jane (HHS/OCIO) [mailto:Jane.Andrews@hhs.gov]

Sent: Tuesday, January 18, 2011 11:39 AM

To: Mike Smith

Cc: Habit, Sandra (HHS/OCIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

I wanted you to know I received this e-mail and have submitted your application for final review. Thanks.

Jane W. Andrews

OCIO

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From: Mike Smith [mailto:Mike@dalelaw.com]

Sent: Monday, January 17, 2011 6:59 PM

To: Andrews, Jane (HHS/OCIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Jane:

There is just one tier of coverage, and it covers (b)(4) individuals. The second line in the spreadsheet is just there to enable us to report that the plan has a (b)(4) family deductible. Perhaps it w have been clearer to only provide one line and a parenthetical explanation with respect to the

BBD L67:000031

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Best regards,

--Mike

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

From: Andrews, Jane (HHS/OCIIO) [<mailto:Jane.Andrews@hhs.gov>]

Sent: Fri 1/14/2011 8:54 AM

To: Mike Smith

Cc: Habit, Sandra (HHS/OCIIO)

Subject: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

You included the same enrollment number on both lines. Thank you.

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BBD L67:000032

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From: Andrews, Jane (HHS/OCIIO)

Sent: Tuesday, February 01, 2011 3:53 PM

To: 'Mike Smith'

Cc: Habit, Sandra (HHS/OCIIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

Let me know if you don't receive an e-mail regarding your application this afternoon.

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BBD L67:000033

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BBD L67:000034

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Sent: Tuesday, February 01, 2011 3:44 PM

To: 'Mike Smith'

Cc: Habit, Sandra (HHS/OCIIO)

Subject: RE: Can you please clarify how many enrollees are in each tier for your Beverage and Brewery Drivers Local 67 application?

I am checking on its status.

Jane W. Andrews

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202-536-6779 (Blackberry)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and
Insurance Oversight
Washington, DC 20201

Date: October 2010

From: Steve Larsen, Director, Office of Oversight 

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

Dear Waiver Applicant:

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

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

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

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

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

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

ANNUAL LIMIT WAIVER APPLICATION 2010

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
Applicant ABC	Plan 1	Washington	DC	01/01/2011	Jane Doe	100 ABC Drive	Washington	DC	20201	1-800-ABC-1234	abc@abchealthplan.com	Limited Benefit	Yes	Group	4,000	\$100,000
Applicant ABC	Plan 1	Washington	DC	01/01/2011	Jane Doe	100 ABC Drive	Washington	DC	20202	1-800-ABC-1234	abc@abchealthplan.com	Limited Benefit	Yes	Group	2,500	\$100,000
<p>PRA Disclosure Statement</p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1105. The time required to complete this information collection is estimated to average (8 hours) or (240 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>																

ANNUAL LIMIT WAIVER APPLICATION 2010

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)									Office Visit Copays/Coinsurance	Hospital Inpatient Copay/Coinsurance	Emergency Room Copay/Coinsurance	Rx Copay/Coninsurance					
Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription Plan Deductible	Copay (if applicabl e)	Coinsuranc e (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsuran ce (if applicabl e)
None	None	None	None	None	None	None	None	None									None
None	None	None	None	None	None	None	None	None			(b)(4)						None

ANNUAL LIMIT WAIVER APPLICATION 2010

Individual/ Employee Tier*	Current Monthly Premium Rates or Premium Equivalent Rates (in dollars)*:			Renewal Monthly Premium Rates or Premium Equivalent Rates if Waiver Granted (in dollars)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars) (Average Premium by Individual)*			Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by Individual) (Difference of Column AT and AQ divided by Column AQ)	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly in cell or in a	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation
	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total				
Employee	\$100.00	\$600.00	\$700.00	\$110.00	\$650.00	\$760.00	\$125.00	\$800.00	\$925.00	21.71%	None	Jane Doe	Plan Administrator
Employee + Family	\$105.00	\$1,100.00	\$1,205.00	\$115.00	\$1,150.00	\$1,265.00	\$150.00	\$1,400.00	\$1,550.00	22.53%	None	Jane Doe	Plan Administrator

* When completing the columns requesting premium rate information, please express the premium rates as a composite rate (if premiums are a range based on years of service or age) and by tier (Employee, Employee + Spouse, Employee + Child, Family, etc.) as applicable. If you are an issuer, please provide the premium amount in the column titled, "Total" (Column AN, AQ and AT).