

12/2

DIVISION 1181 A.T.U. – NEW YORK WELFARE FUND
101-49 Woodhaven Boulevard, Ozone Park, N.Y. 11416
(718) 845-5800

November 30, 2010

Via Overnight Mail

Department of Health and Human Services
Office of Consumer Information and
Insurance Oversight, Office of Oversight
Attention: James Mayhew
Room 737-F-04
200 Independence Ave. SW
Washington, DC 20201

Re: Division 1181 A.T.U. – New York Welfare Fund
Application for Waiver of PPACA Annual and Lifetime Limits Prohibition

Dear Mr. Mayhew:

The Board of Trustees of the Division 1181 A.T.U. – New York Welfare Fund (“Fund”) respectfully requests a waiver of the requirement under Section 1001 of the Patient Protection and Affordable Care Act of 2010 (“PPACA”) that the Fund increase the annual limits described in this letter, effective January 1, 2011, for the 2011 Plan Year. This letter also serves as a request to waive the requirement to eliminate the lifetime limits under the Plan.

The following information is provided in accordance with the guidelines for waiver applications issued by the Department of Health and Human Services on September 3, 2010 and November 5, 2010:

1. The terms of the Division 1181 A.T.U. – New York Welfare Fund are described in the enclosed Summary Plan Description for the Fund (“SPD”).
2. As of October 31, 2010, the Plan covered (b)(6) participants and dependents, including (b)(6) retirees and their dependents.
3. The Board of Trustees requests a waiver of the following limits currently applicable under the Fund’s Active and Retiree Plans, to the extent that the benefits covered by such limits are considered “essential benefits,” under the PPACA:

Annual Limits

- (b)(6) annual limit for hospital services.
- (b)(6) annual limit on dental benefit expenses

- (b)(6) annual limit on podiatry services, excluding treatments arising from diabetes
- (b)(6) annual limit on chiropractic care services
- (b)(6) annual limit on dermatology services, except for expenses resulting from skin cancer, burns, and extreme cases of psoriasis and eczema (as determined by the Fund)
- (b)(6) annual limit on allergy testing and treatment services
- (b)(6) annual limit on prescription drugs for pre-Medicare retirees, effective on September 1, 2010. (Retirees had no prescription drug coverage prior to that date.)

Lifetime Limits

- (b)(4) lifetime limit for major medical services
- Sclerotherapy, lifetime maximum unilateral (b)(4) Bilateral (b)(4)
- (b)(4) lifetime limit on temporomandibular joint dysfunction (“TMJ”) services
- Durable Medical Equipment:

Oxygen concentrator lifetime maximum	(b)(4)
Continuous airway pressure cap device lifetime maximum amount	
Nebulizer with compressor lifetime maximum	
Oxygen contents lifetime maximum amount	
Motorized wheelchair and/or accessories lifetime maximum amount	
Regular wheelchair and / or accessories lifetime maximum amount	
Osteogenesis stimulator lifetime maximum amount	
Power pressure reducing mattress/pad lifetime maximum amount	

4. **Annual Limits.** The Fund estimates that, if it is required to increase the above-referenced annual limits to the amount specified by law, the Fund’s costs will increase by approximately (b)(4) or (b)(4)% of the current cost of coverage.

The Fund is a Taft-Hartley, self-insured multiemployer welfare fund governed by the Employee Retirement Income Security Act of 1974, and exempt from tax under Section 501(c)(9) of the Internal Revenue Code. All medical benefits under the Fund are self-insured and funded by contributions from participating employers and a small contribution from employees pursuant to collective bargaining agreements between the participating employers and the Division 1181-1061, Amalgamated Transit union, AFL-CIO (collectively “Bargaining Parties”). The Bargaining Parties recently negotiated the master CBA that governs over 99% of the Fund’s participating employers and participants, and this CBA will remain in existence until June 30, 2012. Employer and employee contribution rates are fixed under the collective bargaining agreements. With the help and direction of the bargaining parties, the Fund’s Trustees have created and administered the Fund’s Plan of benefits, including the benefits referenced in Section 3

above, in the manner that they believe best serves the Fund's participants and dependents and best uses the resources available to fund such benefits. The annual limits on certain benefits exist to enable the Fund to provide a full range of benefits and options, while limiting the out-of-pocket costs of participants and dependents. Since the Employer and employee contribution rates that fund the Plan are fixed under the collective bargaining agreements, the Fund has no ability to increase its source of funding from employers or employees beyond those limited rates until each collective bargaining agreement expires and is renegotiated (and even then may not agree to increase contributions.) Thus, since the Fund cannot alter the rates under the collective bargaining agreement, the Fund's only options for addressing the increased costs involved in eliminating the annual and multi-year limits described above is to significantly reduce access to these benefits offered by the Fund and/or increase the cost-sharing charged to employees and retirees.

In particular, the Board would like to highlight the Fund's recently enacted (b)(4) annual limit for prescription drug benefits for retirees not yet eligible for Medicare. This benefit was negotiated during the last round of collective bargaining and became effective September 1, 2010. Prior to this improvement, non-Medicare eligible retirees had (b)(4) prescription drug coverage. Increasing this annual limit to the minimum of \$750,000 in compliance with PPACA will most likely result in the Board of Trustees eliminating this benefit, effective January 1, 2011.

5. Lifetime Limits. While the interim final rules issued by the Departments of the Treasury, Labor, and Health and Human Services, 75 Fed. Reg. 37187 (June 22, 2010), ("Regulations") discuss waivers of the annual limit requirements under Section 1001 of the PPACA, it also would be consistent with the purpose of the waiver provision to grant a waiver of the requirement that the Fund eliminate its above-referenced lifetime limits, based on the circumstances described herein. As reflected in the Preamble to the Regulations, the waiver program is intended to mitigate any unintended consequences of the PPACA's application to plans with low benefit limits. See 75 Fed. Reg. 37187, 37207. If the Fund is required to remove the lifetime limits described in this letter, such a change likely will have the direct and unintended consequence of significantly decreasing participants' access to benefits or significantly increasing the cost of those benefits (or both). Thus, these lifetime limits are precisely the type of limit for which Congress intended to offer relief. The Fund estimates that, if it is required to remove the above-referenced lifetime limits, the Fund's costs will increase by approximately (b)(4)

If the Department of Health and Human Services will not grant the Fund a waiver of the lifetime limits described herein, but would grant a waiver for such limits if they are first converted to annual limits, the Board of Trustees will amend the Plan to convert the referenced lifetime limits to annual limits, effective January 1, 2011, and hereby seeks a waiver of such annual limits.

6. The required attestation of the information above, signed by the Chairman and Co-Chairman of the Fund's Board of Trustees, is enclosed as Attachment A to this letter.

If the waiver is granted, the Plan will send a notice to all affected participants, as required by the November 5, 2010 guidance.

We respectfully request expedited handling of this matter. If you have any questions or need additional information, please contact the undersigned.

Very truly yours,



ROBERT D'ULISSE

Director

RD:ji
Encs.

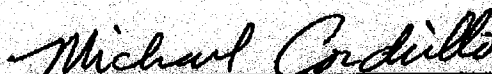
cc: Sharon Goodman, Esq.
Jeffrey Pollack, Esq.
Richard Gilberg, Esq.

ATTACHMENT A

**DIVISION 1181 A.T.U. – NEW YORK WELFARE FUND
PPACA ANNUAL/LIFETIME LIMITS WAIVER APPLICATION
ATTESTATION OF PLAN ADMINISTRATOR**

On behalf of the Board of Trustees of the Division 1181 A.T.U. – New York Welfare Fund (“Fund”), the undersigned, Chairman and Secretary of the Fund, do hereby attest to the following:

- (1) the Fund was in force prior to September 23, 2010; and
- (2) based upon the information contained in the Fund’s letter to which this Attestation is attached as Exhibit A (“Letter”), the elimination of the lifetime limits referenced in the Letter, and the application of restricted annual limits to the benefits referenced in the Letter, would result in a significant decrease in access to benefits for those currently covered by the Plan and/or a significant increase in cost-sharing paid by those covered by the Plan.



Chairman, Board of Trustees
Division 1181 A.T.U. – New York Welfare Fund

11/30/10
Date



Secretary, Board of Trustees
Division 1181 A.T.U. – New York Welfare Fund

11/30/10
Date

12/2

**DIVISION 1181 A.T.U. - NEW YORK WELFARE FUND
SUMMARY OF MATERIAL MODIFICATIONS**

The Board of Trustees of the Division 1181 A.T.U. - New York Welfare Fund is pleased to announce the following benefit improvements to the Division 1181 A.T.U. - New York Welfare Fund's Plan of benefits ("Plan").

1. Effective June 1, 2010, Section 8 of the SPD is amended to increase the annual maximum amount of Dental expenses covered by the Fund for each Participant and Eligible Dependent from (b)(4) to (b)(4). In addition, the Fund has improved the fee schedule for all dental expenses. See the Schedule of Dental Benefits attached.

2. There are several improvements in the optical benefit under the Fund, effective June 1, 2010. Section 10 of the SPD is amended to include these changes. First, the basic frames that are fully covered by the Fund has been expanded from approximately 30-40 frames to at least 100 different types of frames. If you use a Vision Screening facility, you will be charged only if you order special frames or lenses that are above the basic frames or lenses covered by the Fund. Your Vision Screening facility will be able to identify the basic frames or lenses that are covered in full by the Fund. If you choose any special frames or lenses, the amount that the Fund will pay towards those special frames or lenses is increased from (b)(4) to (b)(4).

If you do not use a Vision Screening facility, and choose any other Ophthalmologist, Optometrist or Optician, the Fund will now reimburse up to a maximum of (b)(4) each year for an eye examination and (b)(4) (\$ (b)(4) for frames only; \$ (b)(4) for lenses only) each year for prescription glasses, upon submission of a reimbursement form provided by the Fund Office.

Vision Screening will now offer you a (b)(4)% discount (increased from (b)(4)%) on the purchase of other non-covered merchandise offered by a Vision Screening facility.

3. Effective June 1, 2010, the Fund will now cover (b)(4)% of the Allowable Charge for any chest x-ray that you are required to receive as part of the annual physical you must have to work in covered employment. As you know, a negative chest x-ray will satisfy your annual physical requirement for a period of two years.

4. Effective June 1, 2010, the Fund will pay (b)(4)% of the Allowable Charge for each Gardasil vaccine you receive. If you use an Empire Preferred Provider, you will be responsible for the remaining (b)(4)% of the Allowable Charge as a co-payment. If you use an out-of-network provider, you will be responsible for the difference between the provider's billed amount and the (b)(4)% of the Allowable Charge that Empire would have paid one of its Preferred Providers, which may result in higher out-of-pocket expenses for you. If you have any questions regarding the exact amount of the co-payment you will be required to pay before receiving the vaccine, please contact the Fund Office for more information.

5. The Fund has annual and lifetime limits for some durable medical equipment, such as oxygenators. Effective June 1, 2010, the Fund has increased the lifetime limit for

oxygenator equipment. Please contact the Fund Office for more details regarding these limits and to what durable medical equipment these limits may apply.

6. Effective January 1, 2010, Section 5(D) of the SPD is amended to increase inpatient hospital benefits for mental and nervous disorders to cover up to (b)(4) days during a single hospitalization, or during several separate hospitalizations, as long as there are fewer than (b)(4) days between hospital admissions.

7. Effective January 1, 2010, Section 5(J) of the SPD is amended to cover charges for out-patient mental health benefits in an emergency room.

8. Effective January 1, 2010, Section 6(F) of the SPD is amended to cover out-patient charges by a Psychiatrist, Psychologist or certified social workers at (b)(4)% of the Allowable Charge for service, with no maximum annual visit limitation.

Please keep this document with your Summary Plan Description ("SPD").

292316

**DIVISION 1181 A.T.U. – NEW YORK WELFARE FUND
101-49 WOODHAVEN BLVD.
OZONE PARK, N.Y. 11416**

**SECTION 8
DENTAL BENEFITS
Effective June 1, 2010**

The Fund pays up to a maximum of (b)(4) per year for Dental expenses incurred by each Participant and Eligible Dependent in accordance with the Schedule of Dental Benefits that appears below.

SCHEDULE OF DENTAL BENEFITS

DESCRIPTION OF PROCEDURE

FUND ALLOWANCE

DIAGNOSTIC

Effective 6/1/2010

Oral Examination

Consists of charting, completion of forms and oral examination (twice per year)...

\$

Radiographs

Complete intra-oral series (consists of 14 periapical and four bite-wing films every (b)(4) years)

\$

Intra-oral single first film (periapical)

\$

Intra-oral each additional periapical film

\$

Four regular bite-wing films

\$

Two regular bite-wing films

\$

Single regular bite-wing film

\$

Panorex (b)(4) every (b)(4) years)

\$

Occlusal films (usually used in edentulous cases) each

\$

Lateral jaw x-ray to be used as aid to complex surgical procedures

\$

Anterior-posterior x-ray of head and jaw (justification required) for specialists only

\$

* Note: Total of individual films may not exceed allowable for complete series.

PREVENTIVE

Oral Prophylaxis (twice per year)

Adults (12 years of age and over)

Children (under age 12)

Scaling, curettage, and root planning \$20.00 per quadrant / \$320.00 maximum per year

Fluoride treatments - ages 4 to 14 years: Topical application of stannous fluoride - two treatments annually

Sealants ages 4 to 14 on posterior permanent teeth

Space Maintainers

Fixed, Band type

Fixed Stainless Steel Crown Type

Removable Cast-chrome Cobalt types (with clasps)

Removable Acrylic Type (with clasps)

RESTORATIVE

Amalgam Restorations

Amalgam - one surface

Amalgam - two surfaces

Amalgam - three surfaces or more

Composite Restorations or similar accepted materials (per restoration)

One surface

Two surfaces

Three surfaces

Four surfaces or more

Double occlusal fillings are considered one restoration. Slight buccal and lingual extensions of occlusal surface are considered one restoration. Cement bases, pulp capping, acid etch, and all protective agents are included in fee for restoration.

Posterior teeth filled with composite or similarly accepted filling materials will be paid as amalgam fillings.

\$
\$

\$
\$

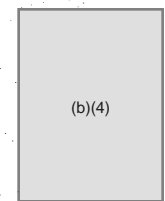
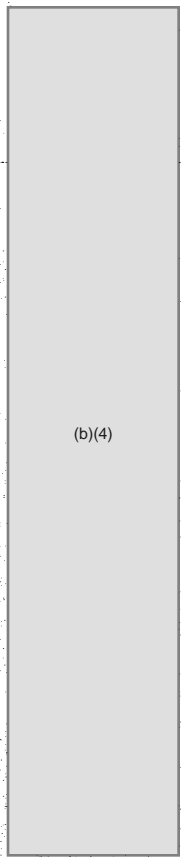
\$
\$
\$
\$

\$
\$

\$(b)(4)

maximum

\$
\$
\$
\$



Inlays

One surface

Two surfaces

Three surfaces

Recementing inlay (must be serviceable)

\$
\$
\$
\$

Reinforcement pins (Two Pins Maximum Per Tooth)

First pin

Second pin in the same tooth

\$
\$

Crowns (single restoration only)

Stainless steel crown

(To be used on deciduous teeth or where permanent restoration on permanent tooth is not feasible due to age of patient or enlarged pulp. Three surfaces of tooth must be involved.)

Porcelain fused to metal crown

Laminate

Full Cast gold crown

Acrylic veneer crown

Porcelain jacket crown

Acrylic jacket (lab processed)

Three quarter crown

Recement Crowns (must be serviceable)

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

(b)(4)

Palliative Treatment (emergency treatment of dental pain with no other treatment in same visit)

\$

PERIODONTAL SURGICAL PROCEDURES

Osseous surgery — Requires Prior Approval

Gingivectomy

MAXIMUM ALLOWANCE FOR PERIODONTAL SURGERY

Periodontal maintenance

(b)(4)

per quadrant

per quadrant

\$

\$

(b)(4)

Note: When multiple surgical procedures are performed in the same quadrant,

only the most comprehensive will be paid.

ENDODONTICS

Pulpotomy

Limited to deciduous teeth only - If tooth is not ready to be exfoliated

\$

Root Canal Therapy Pre-and post-operative x-rays are required.

Tooth with one canal

\$

Tooth with two canals

\$

Tooth with three or more canals

\$

Apicoectomy

\$

If more than one root requires apicoectomy, allowance for one root is \$ (b)(4) ; allowance for second and third root is \$ (b)(4) each root.

Retrograde Filling-Per Root

\$

Root Resection

\$

Hemisection

\$

PROSTHODONTICS : REMOVABLE The Fund does not cover temporary or transitional dentures.

Full upper denture

\$

(b)(4)

Full lower denture

\$

Immediate full upper or full lower denture shall be considered a final denture.

Bilateral upper or lower partial cast chrome acrylic attachments, cast clasps with rest

\$

Unilateral partial upper or lower cast chrome acrylic attachments, cast clasps with rest

\$

Chair side relines rendered in the first three months at no additional fee. All these procedures require prior approval, except chair side relines.

Relines or Rebases — Limited to one procedure per year

Full upper or full lower dentures, lab processed

\$

Partial denture relines, lab processed

\$

Denture Repairs

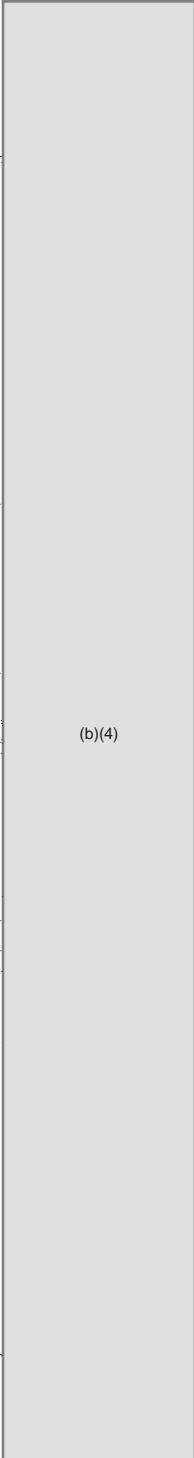
Denture repair	\$
Adding tooth or teeth to partial denture replacing extracted tooth or teeth:	
First tooth	\$
Each additional tooth	\$
Repair Cast Framework	\$
Adding clasp to existing partial	\$
Partial denture repair involving replacement of broken clasp with a new clasp and rest	\$
Replacing buccal or lingual arm	\$

Fixed Bridgework

Porcelain pontic	\$
Acrylic pontic	\$
Cast pontic	\$
Recement bridge (must be serviceable)	\$
Replace facing-lab processed	\$
Acrylic veneer crown	\$
Porcelain crowns	\$
Cast post and core	\$
Prefabricated post and core (metal)	\$
Crown build-up	\$
Maryland abutment	\$

ORAL SURGERY

Routine Extractions per tooth	\$
Root removal (exposed root)	\$
Palliative (Emerg) Treatment of Dental	\$
General Anesthesia	\$
Incision and drainage	\$
Frenectomy	\$
Removal of cyst, lab report required (included in fee)	\$



(b)(4)

MULTIPLE EXTRACTIONS --

Surgical Extraction	\$
Soft tissue impaction	\$
Partial bony impaction	\$
Completely bony impaction	\$

Alveolectomy

Per tooth	\$
Per quadrant	\$
Maximum per jaw	\$
Alveoplasty	\$

(b)(4)

PROCEDURES, LIMITATIONS AND EXCLUSIONS

Benefits will not be paid if prior approval is required for the procedure but not obtained.

Covered Persons are required to submit full series of mounted X-rays and invoices, properly charted with treatment plan, to obtain prior approval where required. In edentulous cases, occlusal films must be submitted in order to obtain prior approval.

The Fund will pay (b)(4) annually towards the cost of a consultation with a qualified specialist if requested by the Dentist for each Covered Person before and/or after treatment as the case warrants.

Maximum fee for repairs of prosthetic appliances (bridges, dentures, partials, crowns, etc.) is (b)(4) per calendar year for any Covered Person.

The Trustees have the right, in their discretion, to refer all dental claimants for examination by an independent Dentist before and after treatment.

In addition to the exclusions applicable to all forms of benefits under the Plan (Section 4),
Dental Benefits do not cover:

1. Temporary or transitional dentures;
2. Full mouth, crown and bridge restoration;
3. The replacement of fixed bridges, full or partial dentures, crowns, or any prosthetic appliance if payment toward the cost of original appliance was made by the Fund unless three (3) years have elapsed from date of original insertion;
4. Crowns constructed for the purpose of receiving a precision or semi-precision attachment for any prosthetic appliance or for clip on bars;

5. Splinting of periodontally involved teeth with questionable prognosis by means of crowns, inlays or any other appliance, be it during or after treatment;
6. Dental work performed only for cosmetic purposes except to correct a condition resulting from accidental injury to natural teeth; and
7. Orthodontia.

**DIVISION 1181 A.T.U. - NEW YORK WELFARE FUND
SUMMARY OF MATERIAL MODIFICATIONS**

The Board of Trustees of the Division 1181 A.T.U. - New York Welfare Fund is pleased to announce that the Trustees have adopted the following additional changes to the Division 1181 A.T.U. - New York Welfare Fund's Plan of benefits ("Plan"). Please keep this document with your Summary Plan Description ("SPD").

1. Effective January 1, 2009, the definition of Dependent in Section 1 of the SPD is amended to include a spouse of the same sex if the Participant and spouse are legally married.

2. Effective April 1, 2009, Section 2(G) is amended to reflect a new right to enroll yourself and your dependents in certain situations.

Effective April 1, 2009, you may be able to enroll yourself and your dependents, in this Plan, if you or your dependents lose eligibility for financial assistance under Medicaid or the State Children's Health Insurance Program ("CHIP"). However, to do so, you must request enrollment within 60 days of the date that CHIP or Medicaid assistance is terminated for you or your dependent.

In addition, effective April 1, 2009, you may be able to enroll yourself and your dependents in this Plan if you or your dependents become eligible to participate in a health insurance premium assistance program under Medicaid or CHIP. However, you must request enrollment within 60 days of the date you or your dependent are determined to be eligible for the premium assistance through Medicaid or CHIP.

3. Effective January 16, 2008, Section 17 is amended to reflect the following new types of FMLA leave under the law:

Effective January 16, 2008, the FMLA also requires Employers with 50 or more Employees to provide Participants with up to 12 weeks per year of unpaid leave in the case of a qualifying exigency that arises in connection with the active military service of a child, spouse, or parent. Please contact the Fund Office for more information on what constitutes a qualifying exigency. In addition, effective January 28, 2008, employers with (b)(4) or more Employees must also provide Participants with up to (b)(4) weeks of unpaid leave during a single year to care for a child, spouse, parent or next of kin (i.e., nearest blood relative) who is a member of the Armed Forces and is either undergoing medical treatment or is on a temporary disability retired list as a result of a serious injury or illness. To qualify, the injury or illness must have been sustained in the line of military duty and rendered the servicemember medically unfit to perform his or her duties.

4. Section 2F of the Plan is amended to clarify that you may be eligible to receive weekly disability benefits and/or life insurance benefits from the Fund even if you waive coverage under the collective bargaining agreement if your Employer contributes to the Fund for such benefits.

Division 1181 A.T.U – New York Welfare Fund
Waiver of Annual Limits Requirements
Attachment to Application

Column AR and AS -- Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction

Both the Active and Retiree benefit packages are part of a single, self insured, multiemployer Taft-Hartley health and welfare fund (“Fund”). All medical benefits under the Fund are self-insured and funded by contributions from participating employers and a small contribution from employees and retirees pursuant to collective bargaining agreements between the participating employers and the Division 1181-1061, Amalgamated Transit Union, AFL-CIO (collectively “Bargaining Parties”). The Bargaining Parties recently negotiated a uniform CBA that is signed separately by over 95% of the Fund’s participating employers, and covers over 95% of the Fund’s participants. These CBAs will remain in existence until June 30, 2012. Since the Employer and employee contribution rates that fund the Plans are fixed under the collective bargaining agreements, and the benefits are also negotiated by the Bargaining Parties, the Fund cannot at this point determine how it would cover the additional costs of complying with the annual limits prohibition if the waiver is not granted.

Nevertheless, for the purposes of completing this spreadsheet, the Fund has calculated how much the amount of the employees’ and retirees’ monthly contributions would increase, if the costs were paid in that way. As the chart indicates, if the cost increases attributable to the retiree benefit package are assumed only by the retirees, and the cost increases attributable to the active benefit package are assumed only by active employees, retiree contributions will increase from (b)(4) to (b)(4) a month, whereas the contributions of active employees will increase by (b)(4) from (b)(4) to (b)(4) month. Alternatively, if the cost increases arising from compliance is shared by active employees and retirees equally, it will result in approximately a (b)(4) increase in co-premiums per month for all active employees and retirees, which would constitute a (b)(4)% contribution increase for active employees (\$ (b)(4) to \$ (b)(4) and an (b)(4)% contribution increase for retirees (\$ (b)(4) to \$ (b)(4).

Column AV - Decrease in Access to Benefits that would Result from compliance with \$750,000 Annual Limit Restriction

The chart requests that the Fund describe what impact, if any, on a participant’s access of benefits would occur if the Fund has to comply with the \$750,000 annual limit restriction. As described in the Fund’s original November 30, 2010 letter, the retiree benefit package has a (b)(4) annual limit for prescription drug benefits for retirees not yet eligible for Medicare. This benefit was negotiated during the last round of collective bargaining and became effective September 1, 2010. Prior to this improvement, non-Medicare eligible retirees had (b)(4) prescription drug coverage. Subject to the above point that the Fund cannot know what action would be taken to address these costs, increasing this annual limit to the minimum of \$750,000 in compliance with PPACA could result in the Board of Trustees eliminating this benefit, effective January 1, 2011, especially if the alternative, as discussed above, is to increase the retirees’ contribution from (b)(4) to (b)(4) a month.

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)
Division 1181 A.T.U. New York Welfare Fund	Actives	Ozone Park	NY	01/01/2011	Robert D'Ulisse	101-49 Woodhaven Boulevard	Ozone Park	NY	11416	1-718-845-5800	rdulisse@local1181atu.com	Limited Benefit	Yes	Group	(b)(4)	
Division 1181 A.T.U. New York Welfare Fund	Pre-Medicare Retirees	Ozone Park	NY	01/01/2011	Robert D'Ulisse	101-49 Woodhaven Boulevard	Ozone Park	NY	11416	1-718-845-5800	rdulisse@local1181atu.com	Limited Benefit	Yes	Group		
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.																

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)											Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance		Emergency Room Copay/Coinsurance		FF
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 applicable)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)
							(b)(4)										

Rx Insurance	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				
Coinsurance (if applicable)	Individual/ Employee Tier*										
						(b)(4)				None	Robert D'Ulisse Plan Administrator
										SEE ATTACHED	Robert D'Ulisse Plan Administrator
							** Assuming the costs of complying with the annual limits prohibition will be shared equally by active employees and retirees, the co-premiums paid by each group will increase by \$20.00 (\$25 to \$45 for retirees, \$40 to \$60 for actives).				
							* When completing the columns requesting premium rate information, please express the premium rates as a composite rate (if applicable) 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).				

From: Sheer, Jennifer (HHS/OCIO)
Sent: Wednesday, December 15, 2010 2:30 PM
To: 'rdulisse@local1181atu.com'
Cc: Sheer, Jennifer (HHS/OCIO)
Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application
Attachments: Waiver Application Form.xls

Follow Up Flag: Follow up
Flag Status: Completed

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
 - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
 - We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

D1181 ATU:000020

From: Paul T. Esposito [pesposito@slevinhart.com]
Sent: Thursday, December 16, 2010 4:46 PM
To: Sheer, Jennifer (HHS/OCIIO)
Cc: Jason Ahl; Robert D'Ulisse; Sharon M. Goodman; Barry S. Slevin; Jeff Pollack; Richard Gilberg
Subject: FW: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application
Attachments: 1-331808-4147_001_101216_Attachment_for_HHS_waiver_application_(final).pdf; 1-331615-4147_001_101215_draft_waiver_spreadsheet.xls

Follow Up Flag: Follow up
Flag Status: Completed

Dear Ms. Sheer –

This firm represents the Division 1181 A.T.U – New York Welfare Fund (“Fund”). On behalf of the Board of Trustees of the Fund, we write in response to the request for information contained in your email below, dated December 15, 2010.

I. Enclosed is the completed annual limits spreadsheet, per your request, along with an attachment to further explain the Fund’s responses. The Fund has completed the spreadsheet separately for the active employees’ benefit package and retirees’ benefit package.

II.A. Both benefit packages were in existence as of March 23, 2010 and are currently in compliance with the grandfathering provisions, pursuant to 45 CFR 147.140.

B. Under the Patient Protection and Affordable Care Act, the prohibition of lifetime maximums for essential benefits will not become effective until the first day of the plan year beginning on or after September 23, 2010. Since the Fund’s plan year is a calendar year, the Fund must comply with this prohibition as of January 1, 2011. Consequently, the Fund will be eliminating all lifetime limits of essential benefits, effective January 1, 2011.

However, as we set forth in our original application dated November 30, 2010, because Department of Health and Human Services will not consider granting the Fund a waiver of such lifetime limits for essential benefits, the Board of Trustees will amend the Plan to convert all lifetime limits described in our November 30, 2010 letter to annual limits in the same amount, to the extent that the benefits covered by such limits are considered “essential benefits” by HHS, and hereby seek a waiver of such annual limits.

C. The names of the Chairman and Secretary of the Board of Trustees of the Fund are Michael Cordiello and Neil Strahl, respectively.

We trust this addresses all of your concerns regarding the Fund’s application. Please feel free to call if you have any questions or need additional information.

Paul T. Esposito
Attorney at Law
Slevin & Hart, P.C.
1625 Massachusetts Ave., N.W., Suite 450
Washington, D.C. 20036
202-797-8700 Tel
202-234-8231 Fax
pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this

D1181 ATU:000022

communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Wednesday, December 15, 2010 2:30 PM
To: 'rdulisse@local1181atu.com'
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
 - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
 - We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Jennifer L. O. Sheer
Office of Consumer Support
Office of Consumer Information and Insurance Oversight

D1181 ATU:000023

U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Sheer, Jennifer (HHS/OCIIO)
Sent: Friday, December 17, 2010 4:06 PM
To: 'Paul T. Esposito'
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Follow Up Flag: Follow up
Flag Status: Completed

Good afternoon.

Thank you for the completed spreadsheet and supporting material. As a Taft-Hartley plan, could you please provide the following information:

- Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- Please provide the date for which the Collective Bargaining Agreement will expire.

Additionally, in your spreadsheet, you state: "Assuming the costs of complying with the annual limits prohibition will be shared equally by active employees and retirees, the co-premiums paid by each group will increase by \$ (b)(4) (b)(4) to \$(b)(4) for retirees, (b)(4) to (b)(4) for actives)". However, the employee contribution for retirees under the "projected rate increase" section lists the ployee contribution as increasing to (b)(4) Please confirm which figure is correct.

Thank you, and have a good weekend.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]
Sent: Thursday, December 16, 2010 4:46 PM
To: Sheer, Jennifer (HHS/OCIIO)
Cc: Jason Ahl; Robert D'Ulisse; Sharon M. Goodman; Barry S. Slevin; Jeff Pollack; Richard Gilberg
Subject: FW: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Ms. Sheer –

This firm represents the Division 1181 A.T.U – New York Welfare Fund (“Fund”). On behalf of the Board of Trustees of the Fund, we write in response to the request for information contained in your email below, dated December 15, 2010.

I. Enclosed is the completed annual limits spreadsheet, per your request, along with an attachment to further explain the Fund’s responses. The Fund has completed the spreadsheet separately for the active employees’ benefit package and retirees’ benefit package.

II.A. Both benefit packages were in existence as of March 23, 2010 and are currently in compliance with the grandfathering provisions, pursuant to 45 CFR 147.140.

D1181 ATU:000025

B. Under the Patient Protection and Affordable Care Act, the prohibition of lifetime maximums for essential benefits will not become effective until the first day of the plan year beginning on or after September 23, 2010. Since the Fund's plan year is a calendar year, the Fund must comply with this prohibition as of January 1, 2011. Consequently, the Fund will be eliminating all lifetime limits of essential benefits, effective January 1, 2011.

However, as we set forth in our original application dated November 30, 2010, because Department of Health and Human Services will not consider granting the Fund a waiver of such lifetime limits for essential benefits, the Board of Trustees will amend the Plan to convert all lifetime limits described in our November 30, 2010 letter to annual limits in the same amount, to the extent that the benefits covered by such limits are considered "essential benefits" by HHS, and hereby seek a waiver of such annual limits.

C. The names of the Chairman and Secretary of the Board of Trustees of the Fund are Michael Cordiello and Neil Strahl, respectively.

We trust this addresses all of your concerns regarding the Fund's application. Please feel free to call if you have any questions or need additional information.

Paul T. Esposito

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

Washington, D.C. 20036

202-797-8700 Tel

202-234-8231 Fax

pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

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

Sent: Wednesday, December 15, 2010 2:30 PM

To: 'rdulisse@local1181atu.com'

Cc: Sheer, Jennifer (HHS/OCIIO)

Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable

D1181 ATU:000026

to complete that particular cell in a separate document.

II. In addition, please provide the following information:

- Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
- In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
- We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [pesposito@slevinhart.com]
Sent: Friday, December 17, 2010 4:30 PM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Follow Up Flag: Follow up
Flag Status: Completed

Jennifer --

As we discussed, the Attachment we enclosed in our email yesterday accurately describes a sample range of options of employee contribution increases that might occur if the waiver is not granted. Also, as we stated in the Attachment as well, the CBAs referenced in the Attachment will expire as of June 30, 2012.

I await your follow up on the question regarding whether the CBAs were ratified prior to October 3, 2008.

Paul T. Esposito
Attorney at Law
Slevin & Hart, P.C.
1625 Massachusetts Ave., N.W., Suite 450
Washington, D.C. 20036
202-797-8700 Tel
202-234-8231 Fax
pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Friday, December 17, 2010 4:06 PM
To: Paul T. Esposito
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Good afternoon.

Thank you for the completed spreadsheet and supporting material. As a Taft-Hartley plan, could you please provide the following information:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

Additionally, in your spreadsheet, you state: "Assuming the costs of complying with the annual limits prohibiton will be shared

D1181 ATU:000028

equally by active employees and retirees, the co-premiums paid by each group will increase by (b)(4) (\$ (b)(4) to \$ (b)(4) for retirees, (b)(4) to (b)(4) for actives)". However, the employee contribution for retirees under the "projected rate increase" section lists the (b)(4) contribution as increasing to (b)(4). Please confirm which figure is correct.

Thank you, and have a good weekend.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]

Sent: Thursday, December 16, 2010 4:46 PM

To: Sheer, Jennifer (HHS/OCIIO)

Cc: Jason Ahl; Robert D'Ulisse; Sharon M. Goodman; Barry S. Slevin; Jeff Pollack; Richard Gilberg

Subject: FW: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Ms. Sheer –

This firm represents the Division 1181 A.T.U – New York Welfare Fund ("Fund"). On behalf of the Board of Trustees of the Fund, we write in response to the request for information contained in your email below, dated December 15, 2010.

I. Enclosed is the completed annual limits spreadsheet, per your request, along with an attachment to further explain the Fund's responses. The Fund has completed the spreadsheet separately for the active employees' benefit package and retirees' benefit package.

II.A. Both benefit packages were in existence as of March 23, 2010 and are currently in compliance with the grandfathering provisions, pursuant to 45 CFR 147.140.

B. Under the Patient Protection and Affordable Care Act, the prohibition of lifetime maximums for essential benefits will not become effective until the first day of the plan year beginning on or after September 23, 2010. Since the Fund's plan year is a calendar year, the Fund must comply with this prohibition as of January 1, 2011. Consequently, the Fund will be eliminating all lifetime limits of essential benefits, effective January 1, 2011.

However, as we set forth in our original application dated November 30, 2010, because Department of Health and Human Services will not consider granting the Fund a waiver of such lifetime limits for essential benefits, the Board of Trustees will amend the Plan to convert all lifetime limits described in our November 30, 2010 letter to annual limits in the same amount, to the extent that the benefits covered by such limits are considered "essential benefits" by HHS, and hereby seek a waiver of such annual limits.

C. The names of the Chairman and Secretary of the Board of Trustees of the Fund are Michael Cordiello and Neil Strahl, respectively.

We trust this addresses all of your concerns regarding the Fund's application. Please feel free to call if you have any questions or need additional information.

Paul T. Esposito

D1181 ATU:000029

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

Washington, D.C. 20036

202-797-8700 Tel

202-234-8231 Fax

pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

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

Sent: Wednesday, December 15, 2010 2:30 PM

To: 'rdulisse@local1181atu.com'

Cc: Sheer, Jennifer (HHS/OCIIO)

Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
 - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
 - We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30

D1181 ATU:000030

days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Sheer, Jennifer (HHS/OCIO)
Sent: Wednesday, December 22, 2010 1:26 PM
To: 'Paul T. Esposito'
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon.

I have a question regarding your renewal monthly premium rates. As you know, lifetime limits must be converted to annual limits. Do the renewal monthly premium rates assume that the new annual limits (those that had been lifetime limits) are waived in addition to your current annual limits?

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]
Sent: Friday, December 17, 2010 4:30 PM
To: Sheer, Jennifer (HHS/OCIO)
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Jennifer --

As we discussed, the Attachment we enclosed in our email yesterday accurately describes a sample range of options of employee contribution increases that might occur if the waiver is not granted. Also, as we stated in the Attachment as well, the CBAs referenced in the Attachment will expire as of June 30, 2012.

I await your follow up on the question regarding whether the CBAs were ratified prior to October 3, 2008.

Paul T. Esposito

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

Washington, D.C. 20036

202-797-8700 Tel

202-234-8231 Fax

pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

D1181 ATU:000032

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Friday, December 17, 2010 4:06 PM
To: Paul T. Esposito
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Good afternoon.

Thank you for the completed spreadsheet and supporting material. As a Taft-Hartley plan, could you please provide the following information:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

Additionally, in your spreadsheet, you state: "Assuming the costs of complying with the annual limits prohibition will be shared equally by active employees and retirees, the co-premiums paid by each group will increase by \$(b)(4) to \$(b)(4) for retirees, \$(b)(4) to \$(b)(4) for actives)". However, the employee contribution for retirees under the "projected rate increase" section lists the employee contribution as increasing to \$(b)(4). Please confirm which figure is correct.

Thank you, and have a good weekend.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov
301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]
Sent: Thursday, December 16, 2010 4:46 PM
To: Sheer, Jennifer (HHS/OCIIO)
Cc: Jason Ahl; Robert D'Ulisse; Sharon M. Goodman; Barry S. Slevin; Jeff Pollack; Richard Gilberg
Subject: FW: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Ms. Sheer –

This firm represents the Division 1181 A.T.U – New York Welfare Fund ("Fund"). On behalf of the Board of Trustees of the Fund, we write in response to the request for information contained in your email below, dated December 15, 2010.

I. Enclosed is the completed annual limits spreadsheet, per your request, along with an attachment to further explain the Fund's responses. The Fund has completed the spreadsheet separately for the active employees' benefit package and retirees' benefit package.

D1181 ATU:000033

II.A. Both benefit packages were in existence as of March 23, 2010 and are currently in compliance with the grandfathering provisions, pursuant to 45 CFR 147.140.

B. Under the Patient Protection and Affordable Care Act, the prohibition of lifetime maximums for essential benefits will not become effective until the first day of the plan year beginning on or after September 23, 2010. Since the Fund's plan year is a calendar year, the Fund must comply with this prohibition as of January 1, 2011. Consequently, the Fund will be eliminating all lifetime limits of essential benefits, effective January 1, 2011.

However, as we set forth in our original application dated November 30, 2010, because Department of Health and Human Services will not consider granting the Fund a waiver of such lifetime limits for essential benefits, the Board of Trustees will amend the Plan to convert all lifetime limits described in our November 30, 2010 letter to annual limits in the same amount, to the extent that the benefits covered by such limits are considered "essential benefits" by HHS, and hereby seek a waiver of such annual limits.

C. The names of the Chairman and Secretary of the Board of Trustees of the Fund are Michael Cordiello and Neil Strahl, respectively.

We trust this addresses all of your concerns regarding the Fund's application. Please feel free to call if you have any questions or need additional information.

Paul T. Esposito

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

Washington, D.C. 20036

202-797-8700 Tel

202-234-8231 Fax

pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

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

Sent: Wednesday, December 15, 2010 2:30 PM

To: 'rdulisse@local1181atu.com'

Cc: Sheer, Jennifer (HHS/OCIIO)

Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed

D1181 ATU:000034

spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.

II. In addition, please provide the following information:

- Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
- In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
- We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Sheer, Jennifer (HHS/OCIIO)
Sent: Monday, January 03, 2011 10:53 AM
To: 'Paul T. Esposito'
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Follow Up Flag: Follow up
Flag Status: Flagged

Hello

I have not yet heard from your colleague regarding what annual limit waivers are assumed in your reported renewal monthly premiums or how you would like to answer the CBA ratification date question. Please submit this information at your earliest convenience.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

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: Sheer, Jennifer (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 1:26 PM
To: 'Paul T. Esposito'
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Good afternoon.

I have a question regarding your renewal monthly premium rates. As you know, lifetime limits must be converted to annual limits. Do the renewal monthly premium rates assume that the new annual limits (those that had been lifetime limits) are waived in addition to your current annual limits?

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight

D1181 ATU:000036

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]
Sent: Friday, December 17, 2010 4:30 PM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Jennifer --

As we discussed, the Attachment we enclosed in our email yesterday accurately describes a sample range of options of employee contribution increases that might occur if the waiver is not granted. Also, as we stated in the Attachment as well, the CBAs referenced in the Attachment will expire as of June 30, 2012.

I await your follow up on the question regarding whether the CBAs were ratified prior to October 3, 2008.

Paul T. Esposito

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

Washington, D.C. 20036

202-797-8700 Tel

202-234-8231 Fax

pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Friday, December 17, 2010 4:06 PM
To: Paul T. Esposito
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Good afternoon.

Thank you for the completed spreadsheet and supporting material. As a Taft-Hartley plan, could you please provide the following information:

- Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- Please provide the date for which the Collective Bargaining Agreement will expire.

Additionally, in your spreadsheet, you state: "Assuming the costs of complying with the annual limits prohibition will be shared

D1181 ATU:000037

equally by active employees and retirees, the co-premiums paid by each group will increase by (b)(4) (\$ (b)(4) to (b)(4) for retirees, (b)(4) to (b)(4) for actives)". However, the employee contribution for retirees under the "projected rate increase" section lists the employee contribution as increasing to \$(b)(4). Please confirm which figure is correct.

Thank you, and have a good weekend.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]

Sent: Thursday, December 16, 2010 4:46 PM

To: Sheer, Jennifer (HHS/OCIIO)

Cc: Jason Ahl; Robert D'Ulisse; Sharon M. Goodman; Barry S. Slevin; Jeff Pollack; Richard Gilberg

Subject: FW: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Ms. Sheer –

This firm represents the Division 1181 A.T.U – New York Welfare Fund ("Fund"). On behalf of the Board of Trustees of the Fund, we write in response to the request for information contained in your email below, dated December 15, 2010.

I. Enclosed is the completed annual limits spreadsheet, per your request, along with an attachment to further explain the Fund's responses. The Fund has completed the spreadsheet separately for the active employees' benefit package and retirees' benefit package.

II.A. Both benefit packages were in existence as of March 23, 2010 and are currently in compliance with the grandfathering provisions, pursuant to 45 CFR 147.140.

B. Under the Patient Protection and Affordable Care Act, the prohibition of lifetime maximums for essential benefits will not become effective until the first day of the plan year beginning on or after September 23, 2010. Since the Fund's plan year is a calendar year, the Fund must comply with this prohibition as of January 1, 2011. Consequently, the Fund will be eliminating all lifetime limits of essential benefits, effective January 1, 2011.

However, as we set forth in our original application dated November 30, 2010, because Department of Health and Human Services will not consider granting the Fund a waiver of such lifetime limits for essential benefits, the Board of Trustees will amend the Plan to convert all lifetime limits described in our November 30, 2010 letter to annual limits in the same amount, to the extent that the benefits covered by such limits are considered "essential benefits" by HHS, and hereby seek a waiver of such annual limits.

C. The names of the Chairman and Secretary of the Board of Trustees of the Fund are Michael Cordiello and Neil Strahl, respectively.

We trust this addresses all of your concerns regarding the Fund's application. Please feel free to call if you have any questions or need additional information.

Paul T. Esposito

D1181 ATU:000038

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

Washington, D.C. 20036

202-797-8700 Tel

202-234-8231 Fax

pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

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

Sent: Wednesday, December 15, 2010 2:30 PM

To: 'rdulisse@local1181atu.com'

Cc: Sheer, Jennifer (HHS/OCIIO)

Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
 - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
 - We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30

D1181 ATU:000039

days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

Division 1181 A.T.U – New York Welfare Fund
Waiver of Annual Limits Requirements
Attachment to Application

Column AR and AS -- Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction

Both the Active and Retiree benefit packages are part of a single, self insured, multiemployer Taft-Hartley health and welfare fund (“Fund”). All medical benefits under the Fund are self-insured and funded by contributions from participating employers and a small contribution from employees and retirees pursuant to collective bargaining agreements between the participating employers and the Division 1181-1061, Amalgamated Transit Union, AFL-CIO (collectively “Bargaining Parties”). The Bargaining Parties recently negotiated a uniform CBA that is signed separately by over 95% of the Fund’s participating employers, and covers approximately 99% of the Fund’s participants. These CBAs have an effective date of July 1, 2009 and will remain in existence until June 30, 2012. Since the Employer and employee contribution rates that fund the Plan are fixed under the collective bargaining agreements, and the benefits are also negotiated by the Bargaining Parties, the Fund cannot at this point determine how it would cover the additional costs of complying with the annual limits prohibition if the waiver is not granted.

Nevertheless, for the purposes of completing this spreadsheet, the Fund has calculated how much the amount of the employees’ and retirees’ monthly contributions would increase, if the costs were paid in that way. As the chart indicates, if the cost increases attributable to the retiree benefit package are assumed only by the retirees, and the cost increases attributable to the active benefit package are assumed only by active employees, retiree contributions will increase from (b)(4) to (b)(4) a month, whereas the contributions of active employees will increase by (b)(4)% from (b)(4) to (b)(4) a month. Alternatively, if the cost increase arising from compliance is shared by active employees and retirees equally, it will result in approximately a \$(b)(4) increase in co-premiums per month for all ac es and retirees, which would constitute a (b)(4)% contribution increase for active employees (\$ (b)(4) to \$ (b)(4) and an (b)(4)% contribution increase for retirees (\$ (b)(4) to \$ (b)(4)).

Column AV - Decrease in Access to Benefits that would Result from compliance with \$750,000 Annual Limit Restriction

The chart requests that the Fund describe what impact, if any, on a participant’s access to benefits would occur if the Fund has to comply with the \$750,000 annual limit restriction. As described in the Fund’s original November 30, 2010 letter, the retiree benefit package has a (b)(4) annual limit for prescription drug benefits for retirees not yet eligible for Medicare. This was negotiated during the last round of collective bargaining and became effective September 1, 2010. Prior to this improvement, non-Medicare eligible retirees had no prescription drug coverage. Subject to the above point that the Fund cannot know what action would be taken to address these costs, increasing this annual limit to the minimum of \$750,000 in compliance with PPACA could result in the Board of Trustees eliminating this benefit, especially if the alternative, as discussed above, is to increase the retirees’ contribution from \$ (b)(4) to \$ (b)(4) a month.

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)	Current Plan Overall Annual Limit (in
Division 1181 A.T.U. New York Welfare Fund	Actives	Ozone Park	NY	01/01/2011	Robert D'Ulisse	101-49 Woodhaven Boulevard	Ozone Park	NY	11416	1-718-845-5800	rdulisse@local1181atu.com	Limited Benefit	Yes	Group	(b)(4)	
Division 1181 A.T.U. New York Welfare Fund	Pre-Medicare Retirees	Ozone Park	NY	01/01/2011	Robert D'Ulisse	101-49 Woodhaven Boulevard	Ozone Park	NY	11416	1-718-845-5800	rdulisse@local1181atu.com	Limited Benefit	Yes	Group	(b)(4)	
<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>																

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)											Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance		Emergency Room Copay/Coinsurance		FF
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 applicable)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)
							(b)(4)										

Type of Insurance	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				
Coinsurance (if applicable)	Individual/ Employee Tier*										
					(b)(4)					None	Robert D'Ulisse Plan Administrator
										SEE ATTACHED	Robert D'Ulisse Plan Administrator
					**SEE ATTACHED						

* 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).

From: Paul T. Esposito [pesposito@slevinhart.com]
Sent: Friday, January 07, 2011 2:42 PM
To: Sheer, Jennifer (HHS/OCIO)
Cc: Jason Ahl; rdulisse@local1181atu.com; Lynn A. Bowers; Barry S. Slevin; Sharon M. Goodman
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application
Attachments: 1-335871-4147_001_110106_REVISED_attachment_for_HHS_resp_to_waiver_app.pdf; 1-335753-4147_001_110106_REVISED_waiver_spreadsheet.xls

Follow Up Flag: Follow up
Flag Status: Completed

Mr. Sheer --

In response to your question about the Fund's lifetime limits, the Fund's actuary has advised that converting the Fund's lifetime limits for essential benefits to annual limits has (b)(4) effect on the rates.

Also, we have attached a revised spreadsheet (with a revised attachment) that reflects how the additional costs associated with not receiving a waiver could be borne by the employees and retirees, as the collective bargaining agreement limits the increases that can be imposed on employers. The revised spreadsheet reflects the rates that will take effect on July 1, 2011, which is when rate increases become effective under the collective bargaining agreement. The spreadsheet previously submitted reflected the rates in effect in December, 2010 and January, 2011, which are the same since rate increases generally take effect in July instead of January. As a result, the revised spreadsheet more accurately reflects the renewal rates and the compliance costs.

The revised spreadsheet also reflects the Trustees' good faith determinations as to which benefits are non-essential health benefits so that current annual and lifetime limits for non-essential benefits may remain in place.

Finally, as clarified in the revised attachment, the CBA referenced in our attachment was ratified after October 3, 2008, though a previous iteration of this CBA was in effect from July 1, 2006 through June 30, 2009 and was ratified prior to October 3, 2008.

If you need any further clarification on any of these points, please do not hesitate to contact us.

Paul T. Esposito
Attorney at Law
Slevin & Hart, P.C.
1625 Massachusetts Ave., N.W., Suite 450
Washington, D.C. 20036
202-797-8700 Tel
202-234-8231 Fax
pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

D1181 ATU:000045

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Monday, January 03, 2011 10:53 AM
To: Paul T. Esposito
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Hello

I have not yet heard from your colleague regarding what annual limit waivers are assumed in your reported renewal monthly premiums or how you would like to answer the CBA ratification date question. Please submit this information at your earliest convenience.

Thank you.

Jennifer L. O. Sheer
Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov
301-492-4487

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: Sheer, Jennifer (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 1:26 PM
To: 'Paul T. Esposito'
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Good afternoon.

I have a question regarding your renewal monthly premium rates. As you know, lifetime limits must be converted to annual limits. Do the renewal monthly premium rates assume that the new annual limits (those that had been lifetime limits) are waived in addition to your current annual limits?

Thank you.

Jennifer L. O. Sheer
Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

D1181 ATU:000046

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]
Sent: Friday, December 17, 2010 4:30 PM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Jennifer --

As we discussed, the Attachment we enclosed in our email yesterday accurately describes a sample range of options of employee contribution increases that might occur if the waiver is not granted. Also, as we stated in the Attachment as well, the CBAs referenced in the Attachment will expire as of June 30, 2012.

I await your follow up on the question regarding whether the CBAs were ratified prior to October 3, 2008.

Paul T. Esposito
Attorney at Law
Slevin & Hart, P.C.
1625 Massachusetts Ave., N.W., Suite 450
Washington, D.C. 20036
202-797-8700 Tel
202-234-8231 Fax
pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Friday, December 17, 2010 4:06 PM
To: Paul T. Esposito
Subject: RE: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Good afternoon.

Thank you for the completed spreadsheet and supporting material. As a Taft-Hartley plan, could you please provide the following information:

- o Please confirm the Collective Bargaining Agreement was ratified prior to October 3, 2008.
- o Please provide the date for which the Collective Bargaining Agreement will expire.

Additionally, in your spreadsheet, you state: "Assuming the costs of complying with the annual limits prohibition will be shared equally by active employees and retirees, the co-premiums paid by each group will increase by (b)(4) (b)(4) to (b)(4) for retirees, (b)(4) to (b)(4) for actives)". However, the employee contribution for retirees under the "projected rate increase" section lists the

D1181 ATU:000047

employee contribution as increasing to (b)(4) Please confirm which figure is correct.

Thank you, and have a good weekend.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Paul T. Esposito [<mailto:pesposito@slevinhart.com>]

Sent: Thursday, December 16, 2010 4:46 PM

To: Sheer, Jennifer (HHS/OCIIO)

Cc: Jason Ahl; Robert D'Ulisse; Sharon M. Goodman; Barry S. Slevin; Jeff Pollack; Richard Gilberg

Subject: FW: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Ms. Sheer –

This firm represents the Division 1181 A.T.U – New York Welfare Fund (“Fund”). On behalf of the Board of Trustees of the Fund, we write in response to the request for information contained in your email below, dated December 15, 2010.

I. Enclosed is the completed annual limits spreadsheet, per your request, along with an attachment to further explain the Fund’s responses. The Fund has completed the spreadsheet separately for the active employees’ benefit package and retirees’ benefit package.

II.A. Both benefit packages were in existence as of March 23, 2010 and are currently in compliance with the grandfathering provisions, pursuant to 45 CFR 147.140.

B. Under the Patient Protection and Affordable Care Act, the prohibition of lifetime maximums for essential benefits will not become effective until the first day of the plan year beginning on or after September 23, 2010. Since the Fund’s plan year is a calendar year, the Fund must comply with this prohibition as of January 1, 2011. Consequently, the Fund will be eliminating all lifetime limits of essential benefits, effective January 1, 2011.

However, as we set forth in our original application dated November 30, 2010, because Department of Health and Human Services will not consider granting the Fund a waiver of such lifetime limits for essential benefits, the Board of Trustees will amend the Plan to convert all lifetime limits described in our November 30, 2010 letter to annual limits in the same amount, to the extent that the benefits covered by such limits are considered “essential benefits” by HHS, and hereby seek a waiver of such annual limits.

C. The names of the Chairman and Secretary of the Board of Trustees of the Fund are Michael Cordiello and Neil Strahl, respectively.

We trust this addresses all of your concerns regarding the Fund’s application. Please feel free to call if you have any questions or need additional information.

Paul T. Esposito

Attorney at Law

Slevin & Hart, P.C.

1625 Massachusetts Ave., N.W., Suite 450

D1181 ATU:000048

Washington, D.C. 20036
202-797-8700 Tel
202-234-8231 Fax
pesposito@slevinhart.com

IRS CIRCULAR 230 NOTICE: To comply with requirements imposed by the IRS, this is to inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any matter addressed herein.

The information contained in this message is intended only for the use of the designated recipients named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (202) 797-8700. Thank you.

From: Sheer, Jennifer (HHS/OCIIO) [<mailto:Jennifer.Sheer@hhs.gov>]
Sent: Wednesday, December 15, 2010 2:30 PM
To: 'rdulisse@local1181atu.com'
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Mr. D'Ulisse:

Thank you for your application for the Waiver of the Annual Limits Requirements of the Public Health Service Act (PHS Act) Section 2711. In order to expedite your application, please provide the following information:

- I. Please complete the entire annual limits spreadsheet, attached to this email. Please return the completed spreadsheet to this email address as an attachment. We will only be able to process spreadsheets that are fully complete (i.e., every cell should contain the information requested). If a cell on the spreadsheet does not pertain to your plan, please write "None," and/or provide an explanation regarding why you are unable to complete that particular cell in a separate document.
- II. In addition, please provide the following information:
 - Confirm whether the plan was in existence prior to March 23, 2010. If so, is the plan in compliance with grandfathering provisions, pursuant to 45 CFR 147.140?
 - In your application, your plan(s) or policy(ies) provide a lifetime limit. Pursuant to Section 2711 of the PHS Act, you may not have any lifetime limit on your plan as of September 23, 2010, except in the case of non-essential benefits that are permitted under Federal or State law. Plans that previously had a lifetime limit may add an annual limit not less than the lifetime limit without affecting the grandfather status of the plan. Please confirm whether this lifetime limit will be eliminated from your plan.
 - We received a signed attestation from the Chairman and the Secretary of the Board of Trustees. Please confirm the names of these individuals.

In order to complete your application, please provide this information by 5:00 pm, December 16, 2010. Once this information is received and the application is complete, it will be processed by the Department of Health and Human Services (HHS). As stated in our September 3, 2010 Sub-Regulatory Guidance, HHS will issue a decision within 30 days of receiving a complete application. You will receive an e-mail from HHS notifying you of the waiver decision.

Thank you.

D1181 ATU:000049

Jennifer L. O. Sheer

Office of Consumer Support

Office of Consumer Information and Insurance Oversight

U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

From: Sheer, Jennifer (HHS/OCIO)
Sent: Wednesday, January 12, 2011 1:58 PM
To: 'Paul T. Esposito'
Cc: rdulisse@local1181atu.com
Subject: Division 1181 ATU New York Welfare Fund Annual Limit Waiver Application

Dear Applicant:

Thank you for your information. Your application is now complete and you should receive a determination of your application within 30 days.

Thank you.

Jennifer L. O. Sheer

Office of Consumer Support
Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

jennifer.sheer@hhs.gov

301-492-4487

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.

D1181 ATU:000051

From: Botwinick, Alexandra (HHS/OCIIO)

Sent: Monday, February 07, 2011 7:55 AM

To: 'rdulisse@local1181atu.com'

Subject: Division 1181 A.T.U. - New York Welfare Fund Waiver of the Annual Limits Requirements 2-7-2011

Importance: High

Attachments: January 1 Denial 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 Division 1181 A.T.U. - New York Welfare Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

The attached letter refers to the following plans:

Actives

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

alexandra.botwinick@hhs.gov



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 *SL*

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 not demonstrated that the requirement of the restricted annual limit 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. Please refer to the interim final regulations codified at 26 CFR § 54.9815-2719T; 29 CFR § 2590.715-2719; and 45 CFR §147.126 for the restricted annual limits, \$750,000 for a plan year beginning on or after September 23, 2010, but before September 23, 2011.

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

From: Robert D'Ulisse [rdulisse@local1181atu.com]

Sent: Monday, February 07, 2011 8:09 AM

To: Botwinick, Alexandra (HHS/OCIIO)

Subject: RE: Division 1181 A.T.U. - New York Welfare Fund Waiver of the Annual Limits Requirements 2-7-2011

Good Morning Alexandra;

I am acknowledging receipt of your letter.

Thank you,

Bob

Robert D'Ulisse

Director of

Division 1181 ATU NY Welfare Fund

Division 1181 ATU NY Employees Pension Fund

101-49 Woodhaven Blvd.

Ozone Park, NY 11416

Office#718-845-5800

Fax# 718-641-0122

cell# 718-614-8576

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

Sent: Monday, February 07, 2011 7:55 AM

To: 'rdulisse@local1181atu.com'

Subject: Division 1181 A.T.U. - New York Welfare Fund Waiver of the Annual Limits Requirements 2-7-2011

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 Division 1181 A.T.U. - New York Welfare Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

The attached letter refers to the following plans:

Actives

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

alexandra.botwinick@hhs.gov

D1181 ATU:000054

From: Kottenmeier, Erika (HHS/OCIIO)
Sent: Monday, February 14, 2011 5:25 PM
To: 'rdulisse@local1181atu.com'
Subject: Approval of Division 1181 A.T.U. New York Welfare Fund

Attachments: Jan 1 Approval.pdf
Good Evening,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for the Division 1181 A.T.U. New York Welfare Fund. HHS has reviewed your application and made its determination. Please see the attached letter.

The attached letter refers to the following plans:

- Pre-Medicare Retirees Plan

Please confirm receipt of this letter by replying to this e-mail and feel free to let me know if I can be of further assistance.

Kind Regards,

Erika M. Kottenmeier
Division of Enforcement
Center for Consumer Information & Insurance Oversight
U.S. Department of Health & Human Services
(301) 492-4170
erika.kottenmeier@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 disclosure may result in prosecution to the full extent of the law.

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Monday, February 14, 2011 2:41 PM
To: 'rdulisse@local1181atu.com'
Subject: Division 1181 A.T.U. - New York Welfare Fund Reconsideration Process

Importance: High

Attachments: Notification of Reconsideration Option.pdf

Good Afternoon,

You are receiving this letter because one or more of your plans was denied a Waiver from the Restricted Annual Limits Requirements of PHS Act Section 2711. Please see the attached letter for instructions concerning our reconsideration process.

Thank you,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO


alexandra.botwinick@hhs.gov

D1181 ATU:000056

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850



Date: February 2011

From: Gary Cohen, Acting Director; Office of Oversight 

To: Waiver Applicants

Subject: Reconsideration of Application for a One-Year Waiver of the Annual Limits Requirements of Public Health Service Act Section 2711

As you are aware, we recently denied your application seeking a one-year waiver of the restricted annual limits that can be imposed on plans or policies prior to January 1, 2014 as required by Public Health Service Act Section 2711 and interim final regulations published on June 28, 2010.

We are writing to inform you that there is an opportunity to have your waiver application reconsidered. You may do so by providing supplemental information not included in your original application that explains why the annual limits requirements will result in a significant increase in premiums or a significant decrease in access to benefits for those currently covered by such plan(s) or policy(ies).

In your follow-up submission, please indicate clearly that you are requesting reconsideration of a previously filed application and send it via e-mail or U.S. mail to one of the following addresses:
E-mail: OCIIOversight@hhs.gov (use "reconsideration of denial" in the subject line); or
U.S. Mail: Office of Consumer Information and Insurance Oversight, Office of Oversight; Attn.: James Mayhew; Room 737-F-04, 200 Independence Ave. SW; Washington, DC 20201.

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

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Monday, February 14, 2011 2:42 PM
To: 'rtoneatto@yahoo.com'
Subject: Mosaic & Terrazzo Welfare Fund Reconsideration Process

Importance: High

Attachments: Notification of Reconsideration Option.pdf

Good Afternoon,

You are receiving this letter because one or more of your plans was denied a Waiver from the Restricted Annual Limits Requirements of PHS Act Section 2711. Please see the attached letter for instructions concerning our reconsideration process.

Thank you,

Alexandra Botwinick

Office of Oversight


HHS/OCIIO

alexandra.botwinick@hhs.gov

D1181 ATU:000058



Date: February 2011

From: Gary M. Cohen, Acting 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 Center for 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. In addition, this waiver does not apply to the compliance requirements of the Mental Health Parity Act of 1996,

the Mental Health Parity and Addiction Equity Act of 2008, or the Newborns' and Mothers' Health Protection Act of 1996. 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.

Finally, approved plans with effective dates on or before February 1, 2011 must provide enrollees with consumer notices within 60 days of receipt of an approval letter. The form and content of the notice can be found in the December 9, 2010 guidance, and it must be reproduced exactly with only slight modifications as allowed in the bracketed portions. Please go the following URL to read the guidance:

http://www.healthcare.gov/center/regulations/guidance_limited_benefit_2nd_supp_bulletin_120910.pdf.

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