




DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and
Insurance Oversight
Washington, DC 20201

Date: October 2010

From: Steve Larsen, Director, Office of Oversight 

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

Dear Waiver Applicant:

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

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

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

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

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

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

Applicant ID Number	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
100901-0001	Applicant ABC	Plan 1	Washington	DC	#####	Jane Doe	100 ABC Drive
101201-086	24 Hour Fitness	Limited Health Plan	San Ramon	CA	#####	Arthur Morris	12647 Alcosta Boulevard Suite 500
101201-086	24 Hour Fitness	Limited Health Plan	San Ramon	CA	#####	Arthur Morris	12647 Alcosta Boulevard Suite 500
101201-086	24 Hour Fitness	Limited Health Plan	San Ramon	CA	#####	Arthur Morris	12647 Alcosta Boulevard Suite 500

101201-086	24 Hour Fitness	Default Limited Health Plan	San Ramon	CA	#####	Arthur Morris	12647 Alcosta Boulevard Suite 500
101201-086	24 Hour Fitness	Default Limited Health Plan	San Ramon	CA	#####	Arthur Morris	12647 Alcosta Boulevard Suite 500
101201-086	24 Hour Fitness	Default Limited Health Plan	San Ramon	CA	#####	Arthur Morris	12647 Alcosta Boulevard Suite 500

City	State	Zip Code	Phone Number (including area code) (xxx-xxx- xxx)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured
Washington	DC	20202	1-800-ABC-1234	abc@abchealthplan.com	Limited Benefit	Yes
San Ramon	CA	94583	925-543-3149	amorris@24hourfit.com	Limited Benefit	Yes
San Ramon	CA	94583	925-543-3149	amorris@24hourfit.com	Limited Benefit	Yes
San Ramon	CA	94583	925-543-3149	amorris@24hourfit.com	Limited Benefit	Yes

San Ramon	CA	94583	925-543-3149	amorris@24hourfit.com	Limited Benefit	Yes
San Ramon	CA	94583	925-543-3149	amorris@24hourfit.com	Limited Benefit	Yes
San Ramon	CA	94583	925-543-3149	amorris@24hourfit.com	Limited Benefit	Yes

Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Annual Limit (in dollars)	Ambulatory	Emergency	Hospitalization	Laboratory
Group						
Group						
Group						
Group						
Group	(b)(4)					
Group						
Group						
Group						

Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription
(b)(4)					

Plan Deductible	Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)
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(b)(4)

Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)	Individual/ Employee Tier*	Employee contribution
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(b)(4)

Employer contribution	Total	Employee contribution	Employer contribution	Total	Employee contribution

(b)(4)

	Projected Rate Increase that would result from compliance with \$750,000 Annual Limit Restriction (in dollars)(Average Premium by	Decrease in Access to Benefits that would result from compliance with \$750,000 Annual Limit Restriction (describe briefly)	Plan Administrator/ CEO of Health Insurance Issuer Name	Title of Individual Providing Attestation	Taft-Hartley Plan	If Yes Taft-Hartley then Date Collective Bargaining Agreement Expires
Total						
(b)(4)						

**Compliance
with
Grandfather
Regulation**

(b)(4)



12/01/10

12647 Alcosta Boulevard
Suite 500
San Ramon, CA 94583

(tel) 925.543.3100
(fax) 925.543.3200

November 29, 2010

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

Dear Mr. Mayhew:

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

We are respectfully submitting this application, along with the accompanying supporting documentation, to seek approval for a waiver from the annual limit requirements for the calendar year 2011 in accordance with the regulations.

Plan Overview:

A plan benefit summary in addition to a copy of the self-funded Limited PPO Plan and Default Limited PPO Plan through Blue Shield of California are attached with this cover. Both Plans are bundled with self-funded dental through Delta Dental of California and vision benefits through Vision Service Plan.

We maintained fully-insured plans prior to 2008 for our part-time hourly population that had inpatient annual limits options of (b)(4) or (b)(4). In 2008, we implemented the current self-funded PPO plans with an increased annual (b)(4) inpatient limit and other benefit enhancements for the same fully-insured premium levels.

Eligibility:

Eligibility: Following three (3) months of employment, employees that work less than (b)(4) hours during a calendar quarter are eligible to enroll in the Limited Health PPO Plan with the completion of a Health Risk Assessment. Employees that do not complete a Health Risk Assessment are enrolled in the Default Limited PPO Plan.

Membership Facts:

Total number of eligible employees:

(b)(4)

The average number of hours worked per week range from (b)(4) or more hours per week for Group X Instructors, depending on the number of classes they teach, up to (b)(4) hours for other classifications eligible for the Limited PPO Plan.

Generally, our part-time hourly employee classifications are eligible for the Limited Health PPO Plan. The job titles for the group would include:

Group X Instructor
Fitness Counselor:
Membership Counselor :
Service Representative:

Average wage:

Average hours worked:

(b)(4)

Plan Metrics:

Average number of enrolled employees:
Average number of enrolled members:
Average monthly claim cost per employee (medical/dental/vision):
Total prescriptions paid:
Total inpatient paid:
Total outpatient paid:
Total emergency room non-admit:
Total preventative care:

(b)(4)

Annual Limits and Rates:

Annual Inpatient benefit maximum of \$ (b)(4) per person
Annual Outpatient benefit maximum of \$ (b)(4) per person
Annual Preventative Care limit of \$(b)(4) per person
Annual Outpatient Prescription Drug limit of \$ (b)(4) per person

Premium payments are deducted from employee's payroll twice a month. Each pay cycle, the following amounts are deducted depending on the benefit elected:

	Current Rate:	Projected Rate:
Employee only:	\$ (b)(4)	\$ (b)(4)
Employee plus one:	\$ (b)(4)	\$ (b)(4)
Employee plus family:	\$ (b)(4)	\$ (b)(4)

As part of the largest segment of our population, a Service Representative would have to work between (b)(4) hours per week for Employee Only coverage and (b)(4) hours per week for Employee plus family coverage at the current rate.

The Projected Rate is the amount calculated by our actuaries, utilizing the claims experience in our current Limited Health Plan risk pool, to provide a HCR compliant benefit plan.

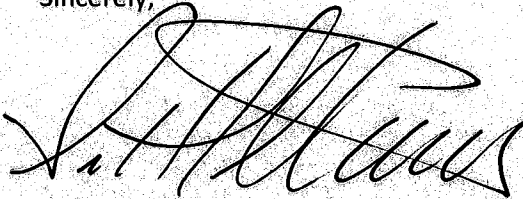
Conclusion:

We designed and implemented our Limited PPO Plan and Default Limited PPO Plans to provide our employee population with a comprehensive scope of services and the maximum level of benefits possible for the level of premiums paid. We believe these plans are performing as intended and deliver a significant value to our enrolled employees and their families. The annual limits for these plans are significantly lower than the annual limits permitted under Section 2711 of the PHS Act, which allows us to offer affordable comprehensive medical coverage to part-

time employees. If we are required to increase the annual limits to the level permitted under Section 2711 of the PHS Act, we cannot continue to offer these benefits to part-time employees at the affordable premium levels as are being currently provided. As illustrated by the accompanying claim experience report for the calendar year ending 2009, the overall plan loss ratio was (b)(4) % for the level of benefits provided. Unless our requested waiver is granted for 2011, the current enrolled population will experience a significant increase in the cost of coverage and will most likely find the coverage unaffordable. As such, removing or raising these annual limits would result in a significant increase in premiums and a corresponding decrease in access to benefit coverage. If granted, we will provide plan participants with a notice that the plan does not meet the annual limit requirements because the plan has been granted a waiver.

Thank you for your consideration of our application. Meanwhile, should you have any questions, please feel free to contact me directly at 925-543-3149.

Sincerely,



Arthur L. Morris
Vice President, Benefits and Wellness

Cc: file

Attachments:

- 1) Attestation
- 2) 24-Hour Fitness Limited PPO Plan Summary
- 3) 24-Hour Fitness Limited PPO Default Plan Summary
- 4) Limited PPO Plan Benefit Booklet
- 5) Default Limited PPO Plan Benefit Booklet
- 6) Delta Dental of California Plan Summary
- 7) Vision Service Plan Summary
- 8) Self-Funded Limited Health Plan 2009 Plan Year Experience Report
- 9) Self-Funded Limited Health Plan – Medical, Dental and Vision 2009 Plan Year Experience Report

Attestation

On behalf of 24 Hour Fitness USA, Inc., I hereby attest that the 24 Hour Fitness Limited PPO Plan and 24 Hour Fitness Limited PPO Default Plan was in force prior to September 23, 2010. It became effective January 1, 2008. I further attest that the application of restricted annual limits to these plans would result in a significant decrease in access to benefits for those currently covered by these plans or a significant increase in premiums paid by those covered by these plans.



Jeff Boyer, CFO

11/29/10

Date

Pages 16 through 46 redacted for the following reasons:

Czgo r vkp'6"

From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 10:21 AM
To: Habit, Sandra (HHS/OCIIO)
Subject: FW: HHS 12-15-10 (Updated 122010 HJ).xls

Attachments: HHS 12-15-10 (Updated 122010 HJ).xls

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

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Tuesday, December 21, 2010 2:26 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: HHS 12-15-10 (Updated 122010 HJ).xls

Kathleen,

Here is the spreadsheet that we are working on. We are having some difficulty completing it and would like your assistance on understanding some of the column conventions.

Thanks,

Arthur L. Morris, JD, CPDM
Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
San Ramon, CA 94583
925.543.3149 voice
925.543.3224 fax
cid:image001.gif@01CB3261.66A05070



From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Tuesday, December 21, 2010 2:53 PM
To: 'amorris@24hourfit.com'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: FW: HHS 12-15-10 (Updated 122010 HJ).xls

Attachments: HHS 12-15-10 (Updated 122010 HJ).xls
[Here is the spreadsheet with the numbers we discussed](#)

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
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From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, December 15, 2010 2:44 PM
To: 'amorris@24hourfit.com'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: 24 Hour Fitness Waiver Application

Importance: High

Attachments: 24 hour fitness Waiver Application Form Template.xls; 24 Hour Fitness AL Waiver Applicant Template letter.doc

Art,

I am sending you this e-mail in regards to the Annual Limit Waiver that you submitted for 24 Hour Fitness. Attached above are two (2) documents that need to be completed for the annual waiver application. The excel attachment has two examples of plans at the start of the document that can be used as a reference in completing the document for your health plan.

Many thanks for your assistance with these documents.

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

24HR FIT:000019

From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 11:06 AM
To: Habit, Sandra (HHS/OCIIO)
Subject: FW: HHS 12-15-10 (Updated 122010 HJ) (3).xls

Attachments: HHS 12-15-10 (Updated 122010 HJ) (3).xls

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

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Tuesday, December 21, 2010 6:06 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Cc: Heather Jones
Subject: HHS 12-15-10 (Updated 122010 HJ) (3).xls

Kathleen,

Thank you very much for your assistance today on the spreadsheet. The columns have been updated to reflect our 2011 premium rates and the projected premium rate to comply with the \$750,000 limit. Please let me know if you have any questions.

Thanks again,

Arthur L. Morris, JD, CPDM
Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
San Ramon, CA 94583
925.543.3149 voice
925.543.3224 fax
cid:image001.gif@01CB3261.66A05070



From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 3:06 PM
To: Habit, Sandra (HHS/OCIIO)
Subject: FW: 24 Hour Fitness Waiver Application

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

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Wednesday, December 22, 2010 12:15 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: RE: 24 Hour Fitness Waiver Application

Kathleen,

That's a relief. Many thanks!

Have a safe, happy and healthy holiday!

Arthur L. Morris, JD, CPDM
Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
San Ramon, CA 94583
925.543.3149 voice
925.543.3224 fax
cid:image001.gif@01CB3261.66A05070



From: Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]
Sent: Wednesday, December 22, 2010 8:31 AM
To: Art Morris
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: 24 Hour Fitness Waiver Application

Art,
No since you are in process with this application

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)

24HR FIT:000021

Department of Health and Human Services
7501 Wisconsin Avenue
Bethesda, MD
301-492-4121

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Wednesday, December 22, 2010 11:18 AM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: Re: 24 Hour Fitness Waiver Application

Kathleen,

We have a calendar year plan year. Don't we have to terminate our mini med coverage by January 1st without a waiver approval?

Art

From: Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]
Sent: Wednesday, December 22, 2010 08:06 AM
To: Art Morris
Cc: Habit, Sandra (HHS/OCIIO) <Sandra.Habit@hhs.gov>
Subject: RE: 24 Hour Fitness Waiver Application

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

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

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Tuesday, December 21, 2010 6:06 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Cc: Heather Jones
Subject: HHS 12-15-10 (Updated 122010 HJ) (3).xls

Kathleen,

Thank you very much for your assistance today on the spreadsheet. The columns have been updated to reflect our 2011 premium rates and the projected premium rate to comply with the \$750,000 limit. Please let me know if you have any questions.

Thanks again,

Arthur L. Morris, JD, CPDM

24HR FIT:000022

Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
San Ramon, CA 94583
925.543.3149 voice
925.543.3224 fax
cid:image001.gif@01CB3261.66A05070



From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 11:31 AM
To: 'Art Morris'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: 24 Hour Fitness Waiver Application
Art,
No since you are in process with this application

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

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Sent: Wednesday, December 22, 2010 11:18 AM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: Re: 24 Hour Fitness Waiver Application

Kathleen,

We have a calendar year plan year. Don't we have to terminate our mini med coverage by January 1st without a waiver approval?

Art

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Sent: Wednesday, December 22, 2010 08:06 AM
To: Art Morris
Cc: Habit, Sandra (HHS/OCIIO) <Sandra.Habit@hhs.gov>
Subject: RE: 24 Hour Fitness Waiver Application

Art,
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Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight
Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
7501 Wisconsin Avenue
Bethesda, MD
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From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Tuesday, December 21, 2010 6:06 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Cc: Heather Jones
Subject: HHS 12-15-10 (Updated 122010 HJ) (3).xls

24HR FIT:000024

Kathleen,

Thank you very much for your assistance today on the spreadsheet. The columns have been updated to reflect our 2011 premium rates and the projected premium rate to comply with the \$750,000 limit. Please let me know if you have any questions.

Thanks again,

Arthur L. Morris, JD, CPDM
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cid:image001.gif@01CB3261.66A05070



From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Monday, December 27, 2010 12:24 PM
To: Habit, Sandra (HHS/OCIIO)
Subject: FW: Contact Information 24 Hour Fitness

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

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Wednesday, December 15, 2010 7:18 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: RE: Contact Information

Kathleen,

The spreadsheet finally arrived in my yahoo mail. I cut the relevant portion of the spreadsheet out to make it smaller and it is being updated by one of my analysts now. We intend to have it completed and returned to you by the end of the week.

Thanks for your help earlier today.

Arthur L. Morris, JD, CPDM
Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
San Ramon, CA 94583
925.543.3149 voice
925.543.3224 fax
[cid:image001.gif@01CB3261.66A05070](#)



From: Scelzo, Kathleen (HHS/OCIIO) [mailto:Kathleen.Scelzo@hhs.gov]
Sent: Wednesday, December 15, 2010 12:47 PM
To: Art Morris
Subject: RE: Contact Information

Kathleen M. Scelzo, RN, MSN
Rules Compliance Division
Office of Insurance Oversight

24HR FIT:000026

Office of Consumer Information and Insurance Oversight (OCIIO)
Department of Health and Human Services
7501 Wisconsin Avenue
Bethesda, MD
301-492-4121

From: Art Morris [mailto:AMorris@24hourfit.com]
Sent: Wednesday, December 15, 2010 3:43 PM
To: Scelzo, Kathleen (HHS/OCIIO)
Subject: Contact Information

Here is my contact information.

Arthur L. Morris, JD, CPDM
Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
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From: Scelzo, Kathleen (HHS/OCIIO)
Sent: Wednesday, December 22, 2010 11:06 AM
To: 'Art Morris'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: RE: 24 Hour Fitness Waiver Application

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Thanks again,

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Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
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From: Art Morris [AMorris@24hourfit.com]
Sent: Thursday, December 30, 2010 3:42 PM
To: Habit, Sandra (HHS/OCIIO)
Subject: RE: 24 Hour Fitness Approval Letter for a Waiver of the Annual Limits Requirements 12-30-2010
Sandra,

Thank you very much for approving our application.

Have a safe, happy and healthy New Year.

Arthur L. Morris, JD, CPDM
Vice President, Benefits and Wellness
24 Hour Fitness USA, Inc.
12647 Alcosta Blvd., Suite 500
San Ramon, CA 94583
925.543.3149 voice
925.543.3224 fax
[cid:image001.gif@01CB3261.66A05070](#)



From: Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]
Sent: Thursday, December 30, 2010 12:23 PM
To: Art Morris
Subject: 24 Hour Fitness Approval Letter for a Waiver of the Annual Limits Requirements 12-30-2010

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for **24 Hour Fitness**. HHS has reviewed your application and made its determination. Please see the attached letter.

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

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

Sincerely

Sandy Habit
Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
301-492-4175
Sandra.Habit@hhs.gov

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

From: Habit, Sandra (HHS/OCIIO)

Sent: Thursday, December 30, 2010 3:23 PM

To: 'amorris@24hourfit.com'

Subject: 24 Hour Fitness Approval Letter for a Waiver of the Annual Limits Requirements 12-30-2010

Attachments: Updated Jan 1 Approval Letter .pdf

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for **24 Hour Fitness**. HHS has reviewed your application and made its determination. Please see the attached letter.

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

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

Sincerely

Sandy Habit

Department of Health and Human Services

Office of Consumer Information and Insurance Oversight

301-492-4175

Sandra.Habit@hhs.gov

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