

11/29/10
PDS
dup



CommuniCare Health Services

November 15, 2010

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

Dear Mr. Mayhew

CommuniCare Health Benefits Trust is requesting a waiver of the annual limits requirements of Section 2711 and the interim final regulations (26 CFR §54.9815-2719T; 29 CFR §2590.715-2719; and 45 CFR §147.126) on the basis that complying with these annual limits would significantly increase plan costs, and as a result also reduce access to coverage, for a large portion of our employees.

CommuniCare Health Benefits Trust provides employees the option of three medical plans, two of which have annual benefit limits below the new statutory requirements. The Plan Year anniversary is May 1, 2011 and these plans have all been in place prior to September 23, 2010. Attached are a listing of estimated/expected premiums as a result of the changes.

Employee premium contributions are based on the overall cost and benefits of each plan. This flexibility allows each employee to select the benefit and premium that best suits their needs and the needs of their covered family members. We firmly believe that these benefit designs have enabled many of our employees to obtain and keep health insurance coverage when they otherwise might not have been able to afford it. Of our three plan offerings, (b)(4)% of our enrolled employees have chosen one of the plans with annual benefit limitations, compared to only (b)(4)% who have elected the plan with a (b)(4) lifetime maximum.

We have also included a chart outlining the general benefits provided by each of these plans, additional information about the plans' covered benefits and the cost impact of removing the current annual limits.

Please note that employees enrolled in these plans enjoy access to primary care services and prescriptions, as well as emergency services, at affordable co-payments, and that other major medical services are covered at (b)(4)% in-network, with manageable annual deductible and out-of-pocket requirements.

We estimate that rates for the (b)(4) plan would increase by over (b)(4)% to comply with regulations, and rates for the (b)(4) plan would increase by over (b)(4). These increases are in addition to normal medical cost inflation.

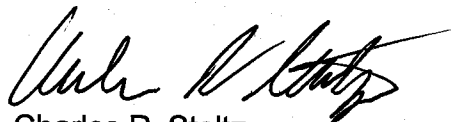
Our business and our employees have been greatly affected by the state of the economy. Compliance with the interim final regulations would result in a significant increase in the cost of providing health insurance benefits to the company, which creates an increase in premium to the employees enrolled in the plans offered. The other alternative would be to decrease the level of benefits commensurate with the increased costs in order to continue to offer affordable plans.

CommuniCare Health Services' employment demographic consists largely of lower wage hourly employees. We are greatly concerned that the increase in cost that will be created by removing the limits to the plans CommuniCare offers will force employees that are currently covered to no longer carry health insurance coverage.

We ask that CommuniCare Health Benefits Trust be allowed to maintain our medical benefit plans with the limits that currently exist, so that as an employer we may continue to provide access to affordable coverage that meets the needs of our employee population.

If any additional information is required, please do not hesitate to contact me at (513) 513-1613.

Sincerely,



Charles R. Stoltz,

Treasurer and Trustee

Plan Sponsor and CommuniCare Employees Health Benefits Trust

The following Essential Benefits are included in each plan's overall annual limit

<ul style="list-style-type: none"> ✓ Ambulatory ✓ Emergency (ER) ✓ Hospitalization ✓ Laboratory ✓ Pediatric 	<ul style="list-style-type: none"> ✓ Maternity: ✓ Mental Health/Substance Abuse ✓ Rehabilitative ✓ Preventive ✓ Prescription (RX)
--	--

Plan A "Wellness Plan" (b)(4) Annual Maximum	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE	(b)(4)			
EE + Child(ren)				
EE + Spouse				
Family				

Plan B "Workout Plan" (b)(4) Annual Maximum	Premium (current level)	Premium (renewal)	Premium (if \$750,000 annual limit was applied)	% increase if the \$750,000 was implemented
EE	(b)(4)			
EE + Child				
EE + Spouse				
Family				

The Plan is Self Insured, providing Comprehensive benefits with Prescription coverage.

As Plan Administrator for the CommuniCare Health Benefits Trust plans, I attest that: The plan was in force prior to September 23, 2010, and the application of unrestricted annual limits to these plans would result in a significant decrease in access to benefits for, or a significant increase in premiums paid by, individuals covered by these plans.



 Charles Stoltz, Plan Administrator

Date: November 15, 2010

From: Records, Joseph (HHS/OCIIO)
Sent: Monday, December 13, 2010 5:27 PM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: FW: CommuniCare Health Benefits Trust Annual Limits Waiver Application
Attachments: Waiver Application Form.xls

Sorry—forgot to cc you.

Joe Records
(301) 492-4257

From: Records, Joseph (HHS/OCIIO)
Sent: Monday, December 13, 2010 5:25 PM
To: 'cstoltz@chs-corp.com'
Subject: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Dear Mr. Stoltz:

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

- I. Please complete the entire annual limits spreadsheet, attached. 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 order to complete your application, please provide this information by 5:00 pm, December **XX**, 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.

Joseph P. Records
Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Office of Consumer Support
7501 Wisconsin Avenue, N.W.
Bethesda, Maryland 20814
(301) 492-4257

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.

COMMUNICARE:000004

From: Records, Joseph (HHS/OCIIO)
Sent: Monday, December 13, 2010 5:28 PM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: FW: Contact Information - Message

This is a response to a phone message I left (there was no email address available).

Joe Records
(301) 492-4257

From: cstoltz@chs-corp.com [<mailto:cstoltz@chs-corp.com>]
Sent: Monday, December 13, 2010 4:25 PM
To: Records, Joseph (HHS/OCIIO)
Subject: Contact Information - Message

I got your message - you can send me a file at this address. If there is more we need to discuss, please call.

I will get you whatever info you need promptly.

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

CONFIDENTIALITY NOTICE - This message and any files transmitted with it may contain confidential and/or privileged material and are intended solely for the use of the recipient(s) to whom the message is addressed. If you are not the intended recipient, be advised that any unauthorized review, use, disclosure, distribution, printing or copying of this message and any file attachments is prohibited. If you have received this email in error, please contact the sender by telephone at (513) 489-7100 or by reply email and destroy all copies of this document.(S)

COMMUNICARE:000005

From: Records, Joseph (HHS/OCIIO)
Sent: Tuesday, December 14, 2010 10:22 AM
To: 'cstoltz@chs-corp.com'
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: RE: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Dear Mr. Stoltz,

I apologize for the error in the email that I sent you. You should return the completed spreadsheet as soon as possible; I can begin processing your application when it is returned. I generally ask that it be returned by close of business on the business day after I send the form, so please return the spreadsheet by 5:00 pm tomorrow, December 15.

Thank you.

Joe Records
(301) 492-4257

From: cstoltz@chs-corp.com [<mailto:cstoltz@chs-corp.com>]
Sent: Tuesday, December 14, 2010 7:37 AM
To: Records, Joseph (HHS/OCIIO)
Subject: Re: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Thanks - when do you want this - the e-mail below says december XX. Is that the day we crack the eggnog?

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

From: "Records, Joseph (HHS/OCIIO)" <Joseph.Records@hhs.gov>
To: "cstoltz@chs-corp.com" <cstoltz@chs-corp.com>
Date: 12/13/2010 05:25 PM
Subject: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Dear Mr. Stoltz:

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

I. Please complete the entire annual limits spreadsheet, attached. 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:

COMMUNICARE:000006

- 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 order to complete your application, please provide this information by 5:00 pm, December XX, 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.

Joseph P. Records
Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Office of Consumer Support
7501 Wisconsin Avenue, N.W.
Bethesda, Maryland 20814
(301) 492-4257

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.

[attachment "Waiver Application Form.xls" deleted by Charlie Stoltz/Home_Office/CommuniCare]

COMMUNICARE:000007

From: cstoltz@chs-corp.com
Sent: Tuesday, December 14, 2010 12:14 PM
To: Records, Joseph (HHS/OCIIO)
Cc: 'cstoltz@chs-corp.com'; Sheer, Jennifer (HHS/OCIIO)
Subject: RE: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Ouch. That seems extremely fast - I will have others work up the information and do my best to comply. Sure I will have by Friday.

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

 "Records, Joseph (HHS---12/14/2010 10:20:42 AM---Dear Mr. Stoltz, I apologize for the error in the email that I sent you. You should return the compl

From: "Records, Joseph (HHS/OCIIO)" <Joseph.Records@hhs.gov>
To: "'cstoltz@chs-corp.com'" <cstoltz@chs-corp.com>
Cc: "Sheer, Jennifer (HHS/OCIIO)" <Jennifer.Sheer@hhs.gov>
Date: 12/14/2010 10:20 AM
Subject: RE: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Dear Mr. Stoltz,

I apologize for the error in the email that I sent you. You should return the completed spreadsheet as soon as possible; I can begin processing your application when it is returned. I generally ask that it be returned by close of business on the business day after I send the form, so please return the spreadsheet by 5:00 pm tomorrow, December 15.

Thank you.

Joe Records
(301) 492-4257

From: cstoltz@chs-corp.com [<mailto:cstoltz@chs-corp.com>]
Sent: Tuesday, December 14, 2010 7:37 AM
To: Records, Joseph (HHS/OCIIO)
Subject: Re: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Thanks - when do you want this - the e-mail below says december XX. Is that the day we crack the egnog?

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200

COMMUNICARE:000008

Cincinnati, Ohio 45241

Office: 513-530-1613

Fax: 513-530-1359

From: "Records, Joseph (HHS/OCIIO)" <Joseph.Records@hhs.gov>

To: "'cstoltz@chs-corp.com'" <cstoltz@chs-corp.com>

Date: 12/13/2010 05:25 PM

Subject: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Dear Mr. Stoltz:

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

I. Please complete the entire annual limits spreadsheet, attached. 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 order to complete your application, please provide this information by 5:00 pm, December XX, 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.

Joseph P. Records
Department of Health and Human Services
Office of Consumer Information and Insurance Oversight
Office of Consumer Support
7501 Wisconsin Avenue, N.W.
Bethesda, Maryland 20814
(301) 492-4257

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.

COMMUNICARE:000009

[attachment "Waiver Application Form.xls" deleted by Charlie Stoltz/Home_Office/CommuniCare]

CONFIDENTIALITY NOTICE - This message and any files transmitted with it may contain confidential and/or privileged material and are intended solely for the use of the recipient(s) to whom the message is addressed. If you are not the intended recipient, be advised that any unauthorized review, use, disclosure, distribution, printing or copying of this message and any file attachments is prohibited. If you have received this email in error, please contact the sender by telephone at (513) 489-7100 or by reply email and destroy all copies of this document.(S)

COMMUNICARE:000010

ANNUAL LIMIT WAIVER APPLICATION 2010

														Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)										
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)	Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices
Applicant ABC	Plan 1	Washington	DC	01/01/2011	Jane Doe	100 ABC Drive	Washington	DC	20201	1-800-ABC-1234	abc@abcchea1thplan.com	Limited Benefit	Yes	Group	4,000	\$100,000	None	None	None	None	None	None	None	None
Applicant ABC	Plan 1	Washington	DC	01/01/2011	Jane Doe	100 ABC Drive	Washington	DC	20202	1-800-ABC-1234	abc@abcchea1thplan.com	Limited Benefit	Yes	Group	2,500	\$100,000	None	None	None	None	None	None	None	None
are Health Be	Wellness Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group	(b)(4)									
are Health Be	Wellness Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group										
are Health Be	Wellness Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group										
are Health Be	Wellness Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group										
are Health Be	Workout Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group										
are Health Be	Workout Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group										
are Health Be	Workout Plan	Cincinnati	OH	05/01/2011	Charles Stolz	0 Ashwood D	Cincinnati	OH	45241	800) 989-733	ltz@chs-corp.	Limited Benefit	Yes	Group										

ANNUAL LIMIT WAIVER APPLICATION 2010

		Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance		Emergency Room Copay/Coinsurance		Rx Copay/Coinsurance		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)*								
Preventive/Wellness	Prescription	Plan Deductible	Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)	Individual/ Employee Tier*	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	Employee contribution (if applicable)	Employer contribution (if applicable)	Total	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
None	\$3,000.00	\$500.00	\$15.00	50.00%	\$100.00	50.00%	\$100.00	50.00%	\$10.00	None	Employee	\$100.00	\$600.00	\$700.00	\$110.00	\$650.00	\$760.00	\$125.00	\$800.00	\$925.00	21.71%	None	Jane Doe	Plan Administrator
											(b)(4)											None becomes cost	Jane Doe	Plan Administrator
																						becomes cost	Charles Stol	Officer
																						becomes cost	Charles Stol	Chief Financial Officer
																						becomes cost	Charles Stol	Chief Financial Officer
																						becomes cost	Charles Stol	Chief Financial Officer
																						becomes cost	Charles Stol	Chief Financial Officer
																						becomes cost	Charles Stol	Chief Financial Officer
																						becomes cost	Charles Stol	Chief Financial Officer

* 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: Records, Joseph (HHS/OCIIO)
Sent: Monday, December 20, 2010 3:56 PM
To: 'KPortman@chs-corp.com'
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: CommuniCare Health Services Annual Limit Waiver Application

Dear Ms. Portman,

Thank you for your reply. Unfortunately, I am unable to read all of the cells in the spreadsheet you sent due to its format as a PDF. Please re-send the file in XLS format. Thank you.

Joe Records
(301) 492-4257

From: KPortman@chs-corp.com [<mailto:KPortman@chs-corp.com>]
Sent: Friday, December 17, 2010 3:13 PM
To: Records, Joseph (HHS/OCIIO)
Cc: ABirsa@chs-corp.com; rstevens@chs-corp.com; carol.kovach@neacelukens.com; scott.heiser@neacelukens.com
Subject: Health Care Facilities Staffing, LLC Waiver

Hello Mr. Records,

Please see attached.

Thank you, Kathie

Kathie Portman, CPS
Executive Assistant
CommuniCare Health Services
4700 Ashwood Drive, Suite 200
Cincinnati, OH 45241
Office: 513-530-1682
Fax: 513-530-1359

CONFIDENTIALITY NOTICE - This message and any files transmitted with it may contain confidential and/or privileged material and are intended solely for the use of the recipient(s) to whom the message is addressed. If you are not the intended recipient, be advised that any unauthorized review, use, disclosure, distribution, printing or copying of this message and any file attachments is prohibited. If you have received this email in error, please contact the sender by telephone at (513) 489-7100 or by reply email and destroy all copies of this document.

COMMUNICARE:000013

From: KPortman@chs-corp.com
Sent: Monday, December 20, 2010 4:23 PM
To: Records, Joseph (HHS/OCIIO)
Cc: Sheer, Jennifer (HHS/OCIIO)
Subject: Re: CommuniCare Health Services Annual Limit Waiver Application
Attachments: 12-20-2010 Waiver Application Form Joe Records.xls

Hello Mr. Records,

Please see attached.

Thank you, Kathie

Kathie Portman, CPS
Executive Assistant
CommuniCare Health Services
4700 Ashwood Drive, Suite 200
Cincinnati, OH 45241
Office: 513-530-1682
Fax: 513-530-1359

From: "Records, Joseph (HHS/OCIIO)" <Joseph.Records@hhs.gov>
To: "'KPortman@chs-corp.com'" <KPortman@chs-corp.com>
Cc: "Sheer, Jennifer (HHS/OCIIO)" <Jennifer.Sheer@hhs.gov>
Date: 12/20/2010 03:54 PM
Subject: CommuniCare Health Services Annual Limit Waiver Application

Dear Ms. Portman,

Thank you for your reply. Unfortunately, I am unable to read all of the cells in the spreadsheet you sent due to its format as a PDF. Please re-send the file in XLS format. Thank you.

Joe Records
(301) 492-4257

From: KPortman@chs-corp.com [<mailto:KPortman@chs-corp.com>]
Sent: Friday, December 17, 2010 3:13 PM
To: Records, Joseph (HHS/OCIIO)
Cc: ABirsa@chs-corp.com; rstevens@chs-corp.com; carol.kovach@neacelukens.com; scott.heiser@neacelukens.com
Subject: Health Care Facilities Staffing, LLC Waiver

Hello Mr. Records,

Please see attached.

COMMUNICARE:000014

Thank you, Kathie

Kathie Portman, CPS
Executive Assistant
CommuniCare Health Services
4700 Ashwood Drive, Suite 200
Cincinnati, OH 45241
Office: 513-530-1682
Fax: 513-530-1359

CONFIDENTIALITY NOTICE - This message and any files transmitted with it may contain confidential and/or privileged material and are intended solely for the use of the recipient(s) to whom the message is addressed. If you are not the intended recipient, be advised that any unauthorized review, use, disclosure, distribution, printing or copying of this message and any file attachments is prohibited. If you have received this email in error, please contact the sender by telephone at (513) 489-7100 or by reply email and destroy all copies of this document.

CONFIDENTIALITY NOTICE - This message and any files transmitted with it may contain confidential and/or privileged material and are intended solely for the use of the recipient(s) to whom the message is addressed. If you are not the intended recipient, be advised that any unauthorized review, use, disclosure, distribution, printing or copying of this message and any file attachments is prohibited. If you have received this email in error, please contact the sender by telephone at (513) 489-7100 or by reply email and destroy all copies of this document.

COMMUNICARE:000015

From: Records, Joseph (HHS/OCIIO)
Sent: Thursday, December 23, 2010 8:40 AM
To: Sheer, Jennifer (HHS/OCIIO)
Subject: FW: CommuniCare Health Benefits Trust Annual Limits Waiver Application

Joe Records
(301) 492-4257

From: cstoltz@chs-corp.com [<mailto:cstoltz@chs-corp.com>]
Sent: Thursday, December 23, 2010 8:17 AM
To: Records, Joseph (HHS/OCIIO)
Cc: Scott Heiser; ABirsa@chs-corp.com
Subject: CommuniCare Health Benefits Trust Annual Limits Waiver Application

This is follow up information based on your conversations with Scott Heiser, our benefits advisor and information that we have communicated to you regarding our Health Care Plan.

The three health plan options included in the CommuniCare Health Benefits Trust (known as the Wellness, Workout and Get Healthy plans), were in place prior to March 23, 2010. These plans were already in the process of annual enrollment during March 2010, for the plan year beginning May 1, 2010.

Certain changes to deductibles and out-of-pocket limits had already been planned and communicated to participants for the May 1, 2010 plan year, prior to the March 23, 2010 enactment date. These changes appear to disqualify the CommuniCare plans from claiming grandfathered status. As such, the plans will not claim grandfathered status, but will be amended as required, effective May 1, 2011, to include the PPACA requirements of external review, first-dollar preventive care, coverage for emergency services and coverage for adult children to age 26.

Compliance with these requirements will add cost to the plans, and thus makes it even more important to obtain the waiver to maintain the existing annual benefits limits in order to prevent significant increases in cost to the plan participants.

Please let me know if you have any questions or need additional information to process our request.

Charles R. Stoltz, CPA
Plan Administrator for the CommuniCare Health Benefits Trust
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

COMMUNICARE:000016

From: cstoltz@chs-corp.com

Sent: Friday, December 31, 2010 7:23 AM

To: Habit, Sandra (HHS/OCIO)

Subject: Re: Communicare Health Benefits Trust Approval Letter for a Waiver of the Annual Limits Requirements 12-30-2010

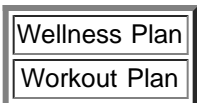
Recieved.

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

From: "Habit, Sandra (HHS/OCIO)" <Sandra.Habit@hhs.gov>
To: "cstoltz@chs-corp.com" <cstoltz@chs-corp.com>
Date: 12/30/2010 03:37 PM
Subject: Communicare Health Benefits Trust 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 **Communicare Health Benefits Trust**. HHS has reviewed your application and made its determination. Please see the attached letter. The following plans were approved:



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

COMMUNICARE:000017

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.

[attachment "Updated Jan 1 Approval Letter .pdf" deleted by Charlie Stoltz/Home_Office/CommuniCare]

COMMUNICARE:000018

From: Habit, Sandra (HHS/OCIIO)

Sent: Thursday, December 30, 2010 3:40 PM

To: 'cstoltz@chs-corp.com'

Subject: Communicare Health Benefits Trust Approval Letter for a Waiver of the Annual Limits Requirements 12-30-2010

Importance: High

Attachments: Updated Jan 1 Approval Letter .pdf

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for **Communicare Health Benefits Trust**. HHS has reviewed your application and made its determination. Please see the attached letter. The following plans were approved:

Wellness Plan
Workout Plan

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.


COMMUNICARE:000019



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.

From: cstoltz@chs-corp.com

Sent: Thursday, December 30, 2010 8:16 AM

To: Botwinick, Alexandra (HHS/OCIIO)

Subject: Re: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements 12-29-2010

Follow Up Flag: Follow up

Flag Status: Red

I have received, thank you.

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

From: "Botwinick, Alexandra (HHS/OCIIO)" <Alexandra.Botwinick@hhs.gov>
To: "cstoltz@chs-corp.com" <cstoltz@chs-corp.com>
Date: 12/29/2010 01:49 PM
Subject: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements 12-29-2010

Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Communicare Health Benefits Trust. 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,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

alexandra.botwinick@hhs.gov

[attachment "May 1 .pdf" deleted by Charlie Stoltz/Home_Office/CommuniCare]

COMMUNICARE:000022

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Wednesday, December 29, 2010 1:51 PM
To: cstoltz@chs-corp.com
Subject: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements 12-29-2010

Importance: High

Follow Up Flag: Follow up
Flag Status: Green

Attachments: May 1 .pdf
Good Afternoon,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Communicare Health Benefits Trust. 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,

Alexandra Botwinick

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


COMMUNICARE:000023



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 May 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 OCIIOversight@hhs.gov.

From: Botwinick, Alexandra (HHS/OCIIO)
Sent: Wednesday, January 12, 2011 11:17 AM
To: 'cstoltz@chs-corp.com'
Cc: Habit, Sandra (HHS/OCIIO)
Subject: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements of PHS Act Section 2711

Importance: High

Attachments: May 1 .pdf
Good Morning,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for Communicare Health Benefits Trust. 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,

Alexandra Botwinick

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

COMMUNICARE:000026

From: Botwinick, Alexandra (HHS/OCIO)

Sent: Monday, January 24, 2011 8:01 AM

To: 'cstoltz@chs-corp.com'

Cc: Habit, Sandra (HHS/OCIO)

Subject: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements 1-24-2011

Importance: High

Attachments: May 1 .pdf

Good Morning,

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

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

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

Alexandra Botwinick

Office of Oversight

HHS/OCIO


alexandra.botwinick@hhs.gov

COMMUNICARE:000027

From: cstoltz@chs-corp.com
Sent: Monday, January 24, 2011 11:32 AM
To: Botwinick, Alexandra (HHS/OCIO)
Cc: Habit, Sandra (HHS/OCIO)
Subject: Re: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements 1-24-2011

Received.

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

 "Botwinick, Alexandra (HHS---01/24/2011 07:57:49 AM---Good Morning, Thank you for submitting an application for a Waiver of the Annual Limits Requirements

From: "Botwinick, Alexandra (HHS/OCIO)" <Alexandra.Botwinick@hhs.gov>
To: "cstoltz@chs-corp.com" <cstoltz@chs-corp.com>
Cc: "Habit, Sandra (HHS/OCIO)" <Sandra.Habit@hhs.gov>
Date: 01/24/2011 07:57 AM
Subject: Communicare Health Benefits Trust Waiver of the Annual Limits Requirements 1-24-2011

Good Morning,

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

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

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

Alexandra Botwinick

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

[attachment "May 1 .pdf" deleted by Charlie Stoltz/Home_Office/CommuniCare]

CONFIDENTIALITY NOTICE - This message and any files transmitted with it may contain confidential and/or privileged material and are intended solely for the use of the recipient(s) to whom the message is addressed. If you are not the intended recipient, be advised that any unauthorized review, use, disclosure, distribution, printing or copying of this message and any file attachments is prohibited. If you have received

COMMUNICARE:000028

this email in error, please contact the sender by telephone at (513) 489-7100 or by reply email and destroy all copies of this document.(S)

COMMUNICARE:000029

From: cstoltz@chs-corp.com
Sent: Tuesday, January 25, 2011 8:05 AM
To: Botwinick, Alexandra (HHS/OCIIO)
Cc: Habit, Sandra (HHS/OCIIO); Scott Heiser
Subject: Re: UFCW Unions & Participating Employers Health and Welfare Fund Waiver of the Annual Limits Requirements 1-24-2011

Attachments: January 1 Denial Letter .pdf

I think you sent this to me in error - we are not associated w/ the UFCW health plan. Please confirm this is the case after checking your file - you will need to forward this to the appropriate organization.

We have already received our approval for the CommuniCare Health Trust.

Charles R. Stoltz, CPA
CommuniCare Family of Companies
4700 Ashwood Drive; Suite 200
Cincinnati, Ohio 45241
Office: 513-530-1613
Fax: 513-530-1359

From: "Botwinick, Alexandra (HHS/OCIIO)" <Alexandra.Botwinick@hhs.gov>
To: "cstoltz@chs-corp.com" <cstoltz@chs-corp.com>
Cc: "Habit, Sandra (HHS/OCIIO)" <Sandra.Habit@hhs.gov>
Date: 01/24/2011 08:16 AM
Subject: UFCW Unions & Participating Employers Health and Welfare Fund Waiver of the Annual Limits Requirements 1-24-2011

Good Morning,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section 2711 for UFCW Unions & Participating Employers Health and Welfare Fund, Plan K20 PT. HHS has reviewed your application and made its determination. Please see the attached letter.

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

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

Alexandra Botwinick

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

COMMUNICARE:000030

