

 **American Fidelity  
Assurance Company**

A member of the American Fidelity Group

September 21, 2010

HHS  
Office of Consumer Information and Insurance Oversight  
Office of Oversight  
Attn: James Mayhew, Room 737-F-04  
200 Independence Ave, SW  
Washington, DC 70201

Re: Application for Annual Limit Waiver

Dear Mr. Mayhew:

Please consider this a request for a Waiver of the Annual Limits Requirements of PHS Act Section 2711 for plan years beginning between September 23, 2010 and September 23, 2011, in accordance with the Insurance Standards Bulletin issued on September 3, 2010.

American Fidelity has existing limited benefit plans under three different policy forms for which a Waiver is sought. The required information is provided below, which is supplemented by the additional exhibits provided specific to the policy forms:

1. **The terms of the policy forms** – refer to Exhibit 1-Terms of the Policy Forms. The plan designs are customized by group, resulting in a significant number of possible variations. We have detailed the parameters for these choices in the description of the terms.
2. **The number of individuals covered by the policy forms submitted** – refer to Exhibit 2 - Data for Annual Limit Waiver. The number of groups and plans affected are also shown.
3. **The annual limits and rates applicable to the policies** – As noted above, each policy includes a wide variety of choices the plan sponsor may select. For illustration purposes, Exhibit 2 describes the benefits available under the most generous plan for each of the three policy forms. The policies do not contain an aggregate policy annual limit. However, the plans do include a restriction in occurrences for most benefits and a cap on the amount paid for each occurrence. In addition, the plans that require participants to make co-payments include a calendar year maximum for the outpatient benefits with co-payments.
4. **Brief description of why compliance would result in a significant increase in premiums** – Exhibit 2 details the benefits provided under the most generous plan design for each of the three policy forms. To raise the annual limit for less generous plan designs in order to comply with PHS Act Section 2711 would require an even greater increase in premiums. As such, if HHS agrees that the required increases in premiums for the most generous plans described herein would be “significant,” then certainly the even greater increases for the other, less generous variations of the policies would also be considered significant.

Our actuaries determined the impact of complying with PHS Act Section 2711 by: 1) removing the internal dollar limits and applying average discounted billed charges to existing claims cost for each plan under the three policy forms, and 2) increasing utilization by (b)(4), as higher utilization is expected when the benefit maximums are removed and the insured would have no out-of-pocket expense (other than certain co-payments under the Co-Pay Plans). The applicable increase in premiums would be (b)(4), (b)(4) and [redacted] respectively for each of the three policy forms for which we are seeking a Waiver, which we believe would be a significant increase for our customers who currently receive benefits under these policies.

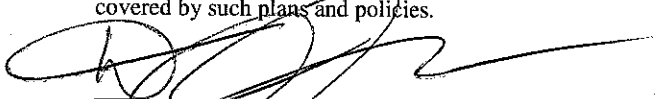
Mr. James Mayhew  
September 21, 2010

Page 2

Should you like any additional information, please contact the following:

Susan Relland  
Assistant Vice President, Law and Government Affairs  
American Fidelity Assurance Company  
2000 N. Classen Blvd (7N)  
Oklahoma City, OK 73106  
405-523-5341  
[Susan.Relland@af-group.com](mailto:Susan.Relland@af-group.com)

I hereby attest that 1) the plans and policies referenced herein were in force prior to September 23, 2010; and 2) that the application of restricted annual limits to such plans or policies would result in a significant increase in premiums paid by those covered by such plans and policies.



David R. Carpenter  
President and Chief Operations Officer  
American Fidelity Assurance Company

Pages 3 through 6 redacted for the following reasons:

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(b)(4)

**From:** Susan Relland [Susan.Relland@af-group.com]  
**Sent:** Wednesday, September 22, 2010 11:07 AM  
**To:** HHS HealthInsurance (HHS)  
**Subject:** Waiver

**Follow Up Flag:** Follow up  
**Flag Status:** Yellow

**Attachments:** Waiver Application American Fidelity 2010-09-22.pdf

Attached please find our application for a waiver of the annual limit restrictions for our limited medical benefit policies. Please let me know if you would like any additional information. Thank you in advance for your consideration.

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

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AMER FID:000004

**From:** Andrews, Jane (HHS/OCIIO)  
**Sent:** Tuesday, October 05, 2010 5:08 PM  
**To:** 'Susan.Relland@af-group.com'  
**Cc:** Botwinick, Alexandra (HHS/OCIIO)  
**Subject:** FW: Waiver

**Attachments:** Waiver Application American Fidelity 2010-09-22.pdf

Jim Mayhew forwarded your e-mail inquiring about the status of your application. We are in receipt of your application. Can you please tell me the effective date of the plan or policy for which you are seeking a waiver from annual limits? Please note that our guidance stated that we will process complete waiver applications within 30 days of receipt or 5 days in advance of the effective date of the policy or plan year.

Thanks, and please let me know your effective date.

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

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**From:** Susan Relland [mailto:Susan.Relland@af-group.com]  
**Sent:** Tuesday, October 05, 2010 12:04 PM  
**To:** Mayhew, James A. (CMS/CPC)  
**Subject:** FW: Waiver

Hi, Jim:

We submitted our annual limit waiver application on September 22 and haven't heard back. Do you know how people are being notified? For example, should we expect an email or should we be looking for U.S. mail? Anything else we should do to follow up?

Thanks much,  
Susan

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Susan Relland  
**Sent:** Wednesday, September 22, 2010 10:07 AM  
**To:** 'healthinsurance@hhs.gov'

AMER FID:000005

**Subject:** Waiver

Attached please find our application for a waiver of the annual limit restrictions for our limited medical benefit policies. Please let me know if you would like any additional information. Thank you in advance for your consideration.

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

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AMER FID:000006

**From:** Susan Relland [Susan.Relland@af-group.com]  
**Sent:** Friday, October 08, 2010 10:14 AM  
**To:** Andrews, Jane (HHS/OCIO)  
**Cc:** Botwinick, Alexandra (HHS/OCIO)  
**Subject:** RE: Waiver

I did and had sent you a message right back – not sure what happened. Our first renewal date under this policy is October 23, 2010.

Will you please confirm that you've received this? Thanks so much for your assistance.

Take care,  
Susan

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Andrews, Jane (HHS/OCIO) [mailto:Jane.Andrews@hhs.gov]  
**Sent:** Thursday, October 07, 2010 5:07 PM  
**To:** Susan Relland  
**Cc:** Botwinick, Alexandra (HHS/OCIO); Andrews, Jane (HHS/OCIO)  
**Subject:** RE: Waiver

Did you receive this e-mail from me?

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

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---

**From:** Andrews, Jane (HHS/OCIO)  
**Sent:** Tuesday, October 05, 2010 5:08 PM  
**To:** 'Susan.Relland@af-group.com'  
**Cc:** Botwinick, Alexandra (HHS/OCIO)  
**Subject:** FW: Waiver

Jim Mayhew forwarded your e-mail inquiring about the status of your application. We are in receipt of your application. Can you please tell me the effective date of the plan or policy for which you are seeking a waiver from annual limits? Please note that our guidance stated that we will process complete waiver applications within 30 days of receipt or 5 days in advance of the effective date of the policy or plan year.

AMER FID:000007

Thanks, and please let me know your effective date.

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

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**From:** Susan Relland [mailto:Susan.Relland@af-group.com]  
**Sent:** Tuesday, October 05, 2010 12:04 PM  
**To:** Mayhew, James A. (CMS/CPC)  
**Subject:** FW: Waiver

Hi, Jim:

We submitted our annual limit waiver application on September 22 and haven't heard back. Do you know how people are being notified? For example, should we expect an email or should we be looking for U.S. mail? Anything else we should do to follow up?

Thanks much,  
Susan

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Susan Relland  
**Sent:** Wednesday, September 22, 2010 10:07 AM  
**To:** 'healthinsurance@hhs.gov'  
**Subject:** Waiver

Attached please find our application for a waiver of the annual limit restrictions for our limited medical benefit policies. Please let me know if you would like any additional information. Thank you in advance for your consideration.

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.

AMER FID:000008



Oklahoma City, OK 73106

Office: 405.523.5341

Cell: 301.233.1304

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AMER FID:000009

**From:** Susan Relland [Susan.Relland@af-group.com]  
**Sent:** Tuesday, October 12, 2010 1:35 PM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Subject:** RE: American Fidelity Waiver Application

**Attachments:** Copy of Annual Limit Rates.xls

Thank you for your message. Our response are below. Please let me know if you'd like any additional information.

1. The plan's current annual limit. The policies do not contain an aggregate policy annual limit. However, many services covered under the plan do include a limit for the number of occurrences and a cap on the amount paid for each. Thus, in essence, there is a cap on the amount of benefit available each year in connection with a particular service. In talking with Jim Mayhew, he indicated this might be viewed as an annual limit and so, even though the policies do not include an aggregate annual limit, we should go ahead and submit a waiver application.
2. Is the plan self insured? No, these plans are all full-insured policies that we, as the insurer, offer to our customers.
3. The projected premium amounts if the plan were to be denied the waiver. There are an almost unlimited number of plan options, and therefore premiums, due to the ability of our customers to customize the plans. Attached is a copy of the premiums for the three sample plans that were illustrated in our application and the projected premium increase that would result from removing the dollar limits.
4. A brief description of how the benefits would decrease as a result of being denied the waiver. The market for the subject plans is a class of workers who do not currently have access to major medical benefits, or who cannot afford major medical. Most of these insureds could not afford the premium rates that would result if the waiver is denied. Thus, our submission focused on the resulting premium impact.

To decrease benefits under the policies to the point that premiums would remain constant (or reflect a nominal increase) after removing any kinds of limits that could be construed as annual limits would result in a policy that would no longer deliver meaningful benefits for participants. We would not continue to offer such a plan.

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]  
**Sent:** Tuesday, October 12, 2010 10:45 AM  
**To:** Susan Relland  
**Subject:** American Fidelity Waiver Application

Ms. Relland,

I am in the process of reviewing American Fidelity's waiver application. In order for me to complete my review could you please provide me with the following information:

5. The plan's current annual limit.
6. Is the plan self insured?
7. The projected premium amounts if the plan were to be denied the waiver.

AMER FID:000010

8. A brief description of how the benefits would decrease as a result of being denied the waiver.

Once I have this information I will complete the review of American Fidelity's waiver application. Please let me know if you have any questions.

Thank you,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

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AMER FID:000011

**From:** Botwinick, Alexandra (HHS/OCIIO)  
**Sent:** Tuesday, October 12, 2010 11:45 AM  
**To:** 'Susan.Relland@af-group.com'  
**Subject:** American Fidelity Waiver Application  
Ms. Relland,

I am in the process of reviewing American Fidelity's waiver application. In order for me to complete my review could you please provide me with the following information:

1. The plan's current annual limit.
2. Is the plan self insured?
3. The projected premium amounts if the plan were to be denied the waiver.
4. A brief description of how the benefits would decrease as a result of being denied the waiver.

Once I have this information I will complete the review of American Fidelity's waiver application. Please let me know if you have any questions.

Thank you,

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

**From:** Susan Relland [Susan.Relland@af-group.com]

**Sent:** Thursday, October 14, 2010 4:32 PM

**To:** Botwinick, Alexandra (HHS/OCIIO)

**Subject:** RE: Application Incomplete

We hope the following information is responsive. In our application we had illustrated the richest plans available under each of the policy forms for which the Annual Limit Waiver is sought. Those plans include annual limit restrictions on Outpatient Office Visits, Outpatient DXL, Outpatient Prescription Drugs, the Daily In-Hospital Benefit, and ER Facility Benefit. By combining those limits, the aggregate annual limits for the illustrated plans would be as follows:

G-501B

G-505

G-513

(b)(4)

Benefits are also provided for Accident, Surgery, Anesthesia and Outpatient Surgical Facility, to which annual limits do not apply.

Please let me know if you need anything else.

Thank you,

Susan

Susan Relland

Assistant Vice President

Law and Government Affairs

American Fidelity

2000 N. Classen Blvd.

Oklahoma City, OK 73106

Office: 405.523.5341

Cell: 301.233.1304

---

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

**Sent:** Thursday, October 14, 2010 10:41 AM

**To:** Susan Relland

**Subject:** Application Incomplete

**Importance:** High

Ms. Relland,

I am in the process of reviewing American Fidelity's application for the waiver of the annual limits requirements of PHS Act Section 2711.

In order to finish my review of the application I need the current annual limit. I realize that the policies do not contain an aggregate policy annual limit. But that many services covered under the plan do include a limit for the number of occurrences and a cap on the amount paid for each.

Because, in essence, there is a cap on the amount of benefits available each year in connection with a particular service, could you please calculate an estimation of what the annual limit would be? I spoke with Jim Mayhew yesterday about your communication with him, and he has asked me to come back to you for this information.

As soon as I have this information I can finish my review of your application.

AMER FID:000013

Please let me know if you have any questions.

Sincerely,

Alexandra Botwinick

Office of Oversight

HHS/OCIIO

[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

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**From:** Botwinick, Alexandra (HHS/OCIO)  
**Sent:** Thursday, October 14, 2010 11:41 AM  
**To:** 'Susan.Relland@af-group.com'  
**Subject:** Application Incomplete

**Importance:** High  
Ms. Relland,

I am in the process of reviewing American Fidelity's application for the waiver of the annual limits requirements of PHS Act Section 2711.

In order to finish my review of the application I need the current annual limit. I realize that the policies do not contain an aggregate policy annual limit. But that many services covered under the plan do include a limit for the number of occurrences and a cap on the amount paid for each.

Because, in essence, there is a cap on the amount of benefits available each year in connection with a particular service, could you please calculate an estimation of what the annual limit would be? I spoke with Jim Mayhew yesterday about your communication with him, and he has asked me to come back to you for this information.

As soon as I have this information I can finish my review of your application.

Please let me know if you have any questions.

Sincerely,

Alexandra Botwinick

Office of Oversight  
HHS/OCIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

AMER FID:000015

**From:** Susan Relland [Susan.Relland@af-group.com]  
**Sent:** Thursday, October 21, 2010 12:06 PM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Subject:** RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711  
Thank you!

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]  
**Sent:** Thursday, October 21, 2010 9:57 AM  
**To:** Susan Relland  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711  
**Importance:** High

Ms. Relland,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for American Fidelity. 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 address with a copy to [OCIIOOversight@hhs.gov](mailto:OCIIOOversight@hhs.gov).

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

\*\*\*In this case, your approval letter is not attached. I wanted to inform you of your approved status; however, the signed approval letter for the effective date of October 23<sup>rd</sup> will not be available until tomorrow or Monday. I apologize for the inconvenience but as your effective date is quickly approaching, I did not want you to have to wait.

Please let me know if you have any questions.

Sincerely,

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)



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AMER FID:000017

**From:** Botwinick, Alexandra (HHS/OCIIO)  
**Sent:** Monday, October 25, 2010 11:05 AM  
**To:** 'Susan.Relland@af-group.com'  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711

**Importance:** High

**Attachments:** Oct 23 .pdf  
Ms. Relland,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for American Fidelity. 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 address with a copy to [OCIIOversight@hhs.gov](mailto:OCIIOversight@hhs.gov).

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

Sincerely,

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

AMER FID:000018

**From:** Susan Relland [Susan.Relland@af-group.com]  
**Sent:** Monday, October 25, 2010 11:11 AM  
**To:** Botwinick, Alexandra (HHS/OCIIO)  
**Cc:** OCIIO Oversight  
**Subject:** RE: Waiver of the Annual Limits Requirements of PHS Act Section 2711  
Thanks again!

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Botwinick, Alexandra (HHS/OCIIO) [mailto:Alexandra.Botwinick@hhs.gov]  
**Sent:** Monday, October 25, 2010 10:05 AM  
**To:** Susan Relland  
**Subject:** Waiver of the Annual Limits Requirements of PHS Act Section 2711  
**Importance:** High

Ms. Relland,

Thank you for submitting an application for a Waiver of the Annual Limits Requirements of the PHS Act Section for American Fidelity. 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 address with a copy to [OCIIOoversight@hhs.gov](mailto:OCIIOoversight@hhs.gov).

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

Sincerely,

Alexandra Botwinick

Office of Oversight  
HHS/OCIIO  
[alexandra.botwinick@hhs.gov](mailto:alexandra.botwinick@hhs.gov)

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AMER FID:000019

**From:** Kottenmeier, Erika (HHS/OCIIO)  
**Sent:** Monday, February 28, 2011 4:07 PM  
**To:** 'Susan.Relland@af-group.com'  
**Subject:** Clarification of Annual Limits Waiver Approval

**Attachments:** Individual\_plan\_lettter .pdf

Good afternoon,

I hope this message finds you well. The attached letter clarifies the scope of approval for the annual limits waiver for which the following policies were approved:

- G-501B
- G-505
- G-513

Please read it and confirm your receipt via e-mail to this address. Please 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](mailto:erika.kottenmeier@hhs.gov)

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AMER FID:000020

**From:** Susan Relland [Susan.Relland@af-group.com]  
**Sent:** Monday, February 28, 2011 5:25 PM  
**To:** Kottenmeier, Erika (HHS/OCIIO)  
**Subject:** RE: Clarification of Annual Limits Waiver Approval  
We have received and understand the letter. Thank you,  
Susan

Susan Relland  
Assistant Vice President  
Law and Government Affairs  
American Fidelity  
2000 N. Classen Blvd.  
Oklahoma City, OK 73106  
Office: 405.523.5341  
Cell: 301.233.1304

---

**From:** Kottenmeier, Erika (HHS/OCIIO) [mailto:Erika.Kottenmeier@hhs.gov]  
**Sent:** Monday, February 28, 2011 3:07 PM  
**To:** Susan Relland  
**Subject:** Clarification of Annual Limits Waiver Approval

Good afternoon,

I hope this message finds you well. The attached letter clarifies the scope of approval for the annual limits waiver for which the following policies were approved:

- G-501B
- G-505
- G-513

Please read it and confirm your receipt via e-mail to this address. Please 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](mailto:erika.kottenmeier@hhs.gov)

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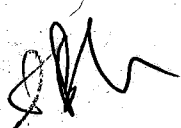
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight  
Washington, DC 20201

**Date:** October 2010

**From:** Steve Larsen, Director, Office of Oversight 

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

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Dear Waiver Applicant:

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

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

The Office of Consumer Information and Insurance Oversight, Office of Insurance Oversight received and processed your application for the plan(s) or policy(ies) year beginning October 23, 2010. 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](mailto:OCIIOversight@hhs.gov).