



November 16, 2010

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

Dear Mr. Mayhew:

Andersen Corporation is interested in applying for a waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act for three of our medical plans. The waiver would apply for the plan year beginning on January 1, 2011 and ending on December 31, 2011.

The information on the plans is listed below:

Feature	Andersen Corporation Plan Provision
Terms of the Plans for Which the Waiver is Being Sought	See the attached SPDs for the Silver Line New Jersey Union Drivers and Grandfathered Production Plan (Plan U), Silver Line New Jersey Union Production Medical Plan (Plan T1/T2) and the Silver Line Illinois Union Production Medical Plan (Plan P2). Page 5 of each SPD has an overview of the coverage provided by each plan. These plans are offered to union employees at our Silver Line Window business. They have employees primarily in New Jersey and Illinois.
Number of Individuals Covered by These Plans	As of November 16 there are (b)(4) employees enrolled in the Silver Line New Jersey Union Drivers and Grandfathered Production Plan (Plan U); (b)(4) employees enrolled in the Silver Line New Jersey Union Production Medical Plan (Plan T1/T2); and (b)(4) employees enrolled in the Silver Line Illinois Union Production Medical Plan (Plan P2).
Annual Limits and Rates Associated with These Plans	The annual limits of \$ (b)(4) per member and \$ (b)(4) per member are specified in the attached SPDs and the excerpts from the union contracts. The 2010 – 2011 weekly employee rates are attached as Exhibit A and are taken from the union contracts.

<b>Feature</b>	<b>Andersen Corporation Plan Provision</b>
Reason that Compliance with the Interim Final Regulations would Increase Premiums	According to our actuary, if Silver Line increased the annual limit in all three plans to \$750,000, the 2011 cost of the plans (total premium) would increase by approximately (b)(4). This is a significant impact to the business. S is faced with attempting to renegotiate the plan design and/or employee contributions with the union to better reflect the cost of the plan that was in place prior to health care reform being passed. The plan design must be significantly reduced to pay for the removal of the annual limits. If we are not successful in renegotiating the plan design, Silver Line may have to eliminate jobs to account for the increase in costs to the business. A spreadsheet depicting the increase to the business is attached as Exhibit B.
Attestation	I attest that these plans were in force prior to September 23, 2010 and that applying an annual limit of \$750,000 to these plans would result in a significant increase in premiums paid by Andersen Corporation for health care coverage for our employees.

If you have any questions about this letter, please contact me directly at 651-264-2836.

Sincerely,



Kathy Prondzinski  
 Director, Corporate Benefits Design  
 Andersen Corporation  
 100 Fourth Avenue North  
 Bayport, MN 55003

## Lancey, Brandon (CMS/OSORA)

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**From:** Prondzinski, Kathy [Kathy.Prontzinski@AndersenCorp.com]  
**Sent:** Wednesday, December 01, 2010 6:11 PM  
**To:** OCIO Oversight  
**Subject:** FW: Waiver - 2nd request  
**Attachments:** PPACA limited benefits waiver letter - 11-16-2010 FINAL.doc; Exhibit A and Exhibit B - 2011 Actuarial Support of cost increase of hc reform.xls; 2010 Silver Line Plan U SPD\_FINAL\_6 14 10.pdf; 2010 Silver Line Plan T1 SPD\_FINAL\_6 14 10.pdf; 2010 Silver Line Plan P2 SPD\_FINAL\_12 9 09.pdf; Silver Line NJ Union Contract.tif; Silver Line IL Production Contract.tif

**Importance:** High

To whom it may concern:

Although I know that HHS has 30 days in which to determine if we will be granted a waiver, our union has refused to continue to bargain until we hear back from HHS on whether or not a waiver has been granted. I therefore am respectfully asking if there is an answer to our request for a waiver yet. The sooner we hear back, the sooner we can proceed with either informing our associates that the annual limits will remain in place, and that their plan will remain unchanged, or, in the case that the waiver is not granted, continuing to bargain with the union and try to offset the additional cost of raising the limits by changing plan design and/or increasing contributions.

Your attention to this matter is greatly appreciated.

Kathy Prondzinski

**Kathy Prondzinski**  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

*Think of the environment before you print!*

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**From:** Prondzinski, Kathy  
**Sent:** Tuesday, November 16, 2010 2:03 PM  
**To:** [OCIOOversight@hhs.gov](mailto:OCIOOversight@hhs.gov)  
**Cc:**  
**Subject:** Waiver  
**Importance:** High

Attached please find:

- Andersen Corporation's application for waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act (PPACA)
- Exhibits A and B (actuarial support of the cost impact of health care reform and employee contributions for 2010 and 2011)
- Summary Plan Descriptions (SPDs) for the three plans for which we are requesting a waiver
- Excerpts from the Silver Line New Jersey Union Contract and The Silver Line Illinois Production Union Contract, outlining the employee contribution agreements with the company

Should you need any further information, please feel free to contact me, using the information below.

Thank you,

Kathy Prondzinski

**Kathy Prondzinski**

Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

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NJ Grandfathered Production & Drivers Plan		
2010 SL NJ Union GP & Drivers (U) Union Plan A	2011 SL NJ Union GP & Drivers (U) Union Plan A	
Required HC Reform Changes		
In-Network	In-Network	
March 1, 2013	March 1, 2013	
(b)(4)	All dependents to age 26	
	(b)(4)	
	\$750,000	
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NJ Production Plan		
2010 SL NJ Union Production (T1/T2) Union Plan B	2011 SL NJ Union Production (T1/T2) Union Plan B	
Required HC Reform Changes		
In-Network	In-Network	
March 1, 2013	March 1, 2013	
(b)(4)	All dependents to age 26	
	(b)(4)	
	\$750,000	
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Illinois Production Plan	
2010 SL IL Union Production Union Plan P2	2011 SL IL Union Production Union Plan P2
Required HC Reform Changes	
In-Network	In-Network
February 1, 2011 No out of network coverage	February 1, 2011 No out of network coverage
(b)(4)	All dependents to age 26
	(b)(4)
	\$750,000
	None
	(b)(4)
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Contract Expires
Dependent Eligibility
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Out-of-Pocket Max
Calendar Year Max
Lifetime Maximum
Coinsurance
Preventive Care
Office Visit
Inpatient Facility
IP/OP Surgery
ER
Prescription Drug
Benefit Percentage
Impact from 2010 Design

Required Health Care Reform Changes

Actuarial Rates	
Employee Contributions	
Count	Rate
Employee Only (T2)	(b)(4)
Employee Only	(b)(4)
Employee + Spouse	(b)(4)
Employee + Children	(b)(4)
Family	(b)(4)
Total Cost	(b)(4)
Change Total Cost	(b)(4)
% Change Total Cost	(b)(4)
Co Cost	(b)(4)
Projected Change Co Cost	(b)(4)
% Change Co Cost	(b)(4)
EE Cost	(b)(4)
Projected Change EE Cost	(b)(4)
% Change EE Cost	(b)(4)

EE	2010 Union Plan (U) A	2011 Union Plan (U) A
Count	Rate	Rate
(b)(4)	(b)(4)	(b)(4)
(b)(4)	(b)(4)	(b)(4)

EE	2010 Union Plan (T1/T2) B	2011 Union Plan (T1/T2) B
Count	Rate	Rate
(b)(4)	(b)(4)	(b)(4)
(b)(4)	(b)(4)	(b)(4)

EE	2010 IL Prod Plan P2	2011 IL Prod Plan P2
Count	Rate	Rate
(b)(4)	(b)(4)	(b)(4)
(b)(4)	(b)(4)	(b)(4)

NOTE: this contract expires Feb. 1, 2011. These employee contributions are illustrative ONLY based on current the contract language and are subject to change after negotiations begin Dec. 2010

**Silver Line Union Employee Weekly Contributions**

**EXHIBIT A**

**Silver Line NJ Union Medical Plan Weekly Employee Contributions**

	Union Plan A (Grandfathered Production & Drivers - U)				Union Plan B (Production - T1/T2)			
	Count	2010	2011	2012	Count	2010	2011	2012
Employee Only								
Employee + Spouse								
Employee+ Child(ren)				(b)(4)				
Family								
Total Contributions					(b)(4)			
Annual Increase								

**Contract Language: Weekly Employee Contributions Will Increase**

	2010	2011	2012
Employee Only			
Employee + Spouse			
Employee + Childr(ren)		(b)(4)	
Family			

**\* Silver Line IL Union Production Medical Plan Weekly Employee Contributions**

Employee Only	(b)(4)
Employee + Spouse	
Employee+ Child(ren)	
Family	
Total Contributions	
Annual Increase	

**\* Silver Line Illinois Union Contract Language: Contract expires Feb. 1, 2011**

Increases in premium cost shall be shared (b)(4) with the company paying (b)(4) and the employee paying (b)(4) of the increase provided that the Employee's share be capped a (b)(4) per week per contract year. If the same language remains for 2011, it is a (b)(4) increase with the (b)(4) cap.

\* NOTE: this contract expires Feb. 1, 2011. These employee contributions are illustrative ONLY based on current the contract language and are subject to change after negotiations begin Dec. 2010

**Silver Line Union Employee Weekly Contributions**

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**From:** Prondzinski, Kathy [Kathy.Prontzinski@AndersenCorp.com]  
**Sent:** Monday, December 20, 2010 4:28 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Parrucci, Tammy  
**Subject:** RE: Waiver Application - Andersen Corporation

**Attachments:** waiver\_application\_forms\_.zip  
Attached please find:

- I. The completed annual limits spreadsheets.
- II. The following information is also being provided as requested:
  - I am confirming that the plan was created pursuant to the Taft-Hartley Act. The expiration of the last collective bargaining agreement is December 31, 2012.
  - I confirm that the plan was in existence before March 23, 2010. We will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140.

This should constitute a complete application. As stated in our earlier emails, time is of the essence, due to the suspension of our collectively bargained negotiations. A timely response is most appreciated.

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

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**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Thursday, December 16, 2010 2:05 PM  
**To:** Prondzinski, Kathy  
**Subject:** Waiver Application - Andersen Corporation

Ms. Prondzinski,

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

I. Please complete the entire annual limits spreadsheet, available at: [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html). 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 created pursuant to the Taft-Hartley Act. And if so, please state the expiration of the last collective bargaining agreement.
- Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140?

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,

ANDERSEN:000234

Sandy

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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---

To Whom It May Concern:

On November 16, 2010, Andersen Corporation submitted to HHS an application for a waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act for three of its medical plans. The waiver would apply for the plan year beginning on January 1, 2011 and ending on December 31, 2011.

We understand that HHS intends to rule on complete waiver applications within 30 days of receipt. Therefore, we anticipate receiving a response by the close of business today, Thursday, December 16<sup>th</sup>.

As stated in our earlier email (below), time is of the essence due to the suspension of critically important collective bargaining negotiations with our union. A further bargaining session is scheduled Monday, December 20<sup>th</sup> in anticipation of receiving a response to our waiver application by December 16<sup>th</sup>. If we do not receive a timely response from HHS, the bargaining process will be delayed further to the prejudice of the Company, the Union and the employees.

Your attention and cooperation are greatly appreciated.

Kathy

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

---

**From:** Prondzinski, Kathy  
**Sent:** Wednesday, December 01, 2010 5:11 PM  
**To:** OCIIIOversight@hhs.gov  
**Subject:** FW: Waiver - 2nd request  
**Importance:** High

To whom it may concern:

Although I know that HHS has 30 days in which to determine if we will be granted a waiver, our union has refused to continue to bargain until we hear back from HHS on whether or not a waiver has been granted. I therefore am respectfully asking if there is an answer to our request for a waiver yet. The sooner we hear back, the sooner we can proceed with either informing our associates that the annual limits will remain in place, and that their plan will remain unchanged, or, in the case that the waiver is not granted, continuing to bargain with the union and try to offset the additional cost of raising the limits by changing plan design and/or increasing contributions.

ANDERSEN:000235

Your attention to this matter is greatly appreciated.

Kathy Prondzinski

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

*Think of the environment before you print!*

---

**From:** Prondzinski, Kathy  
**Sent:** Tuesday, November 16, 2010 2:03 PM  
**To:** OCIOOversight@hhs.gov  
**Cc:**  
**Subject:** Waiver  
**Importance:** High

Attached please find:

- Andersen Corporation's application for waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act (PPACA)
- Exhibits A and B (actuarial support of the cost impact of health care reform and employee contributions for 2010 and 2011)
- Summary Plan Descriptions (SPDs) for the three plans for which we are requesting a waiver
- Excerpts from the Silver Line New Jersey Union Contract and The Silver Line Illinois Production Union Contract, outlining the employee contribution agreements with the company

Should you need any further information, please feel free to contact me, using the information below.

Thank you,

Kathy Prondzinski

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

*Think of the environment before you print!*

The environment has a business partner.



ANDERSEN:000236

**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Thursday, December 16, 2010 3:05 PM  
**To:** 'Kathy.Prondzinski@AndersenCorp.com'  
**Subject:** Waiver Application - Andersen Corporation  
Ms. Prondzinski,

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

I. Please complete the entire annual limits spreadsheet, available at: [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html). 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 created pursuant to the Taft-Hartley Act. And if so, please state the expiration of the last collective bargaining agreement.
- Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140?

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,  
Sandy

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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ANDERSEN:000237

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
Silver Line Building Products, LLC. Silver Line Building Products, LLC.	Silver Line Illinois Union Production Medical Plan	Minneapolis	MN	01/01/2011	Kathy Prondzinski	100 Fourth Ave N	Bayport	MN	55003	651-264-2836	<a href="mailto:kathy.prondzinski@andersencorp.com">kathy.prondzinski@andersencorp.com</a>	Limited Benefit	Yes	Group	(b)(4)	
	Silver Line Illinois Union Production Medical Plan	Minneapolis	MN	01/01/2011	Kathy Prondzinski	100 Fourth Ave N	Bayport	MN	55003	651-264-2836	<a href="mailto:kathy.prondzinski@andersencorp.com">kathy.prondzinski@andersencorp.com</a>	Limited Benefit	Yes	Group		
<p>PRA Disclosure Statement</p> <p>According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1105. The time required to complete this information collection is estimated to average ( 8 hours) or ( 240 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>																

**ANNUAL LIMIT WAIVER APPLICATION 2010**

Current Essential Benefits Annual Limits (Annual Limit for Each Essential Benefit)											Office Visit Copays/Coinsurance	Hospital Inpatient Copay/Coinsurance	Emergency Room Copay/Coinsurance	Rx Copay/Coninsurance				
Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription	Plan Deductible	Copay (if applicabl e)	Coinsuranc e (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsura nce (if applicabl e)	Copay (if applicabl e)	Coinsuran ce (if applicabl e)
(b)(4)																		

**ANNUAL LIMIT WAIVER APPLICATION 2010**

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

\* 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).



**ANNUAL LIMIT WAIVER APPLICATION 2010**

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
Silver Line Building Products, LLC.	Silver Line New Jersey Union Grandfathered Production and Driver Medical Plan	Minneapolis	MN	01/01/2011	Kathy Prondzinski	100 Fourth Ave N	Bayport	MN	55003	651-264-2836	<a href="mailto:kathy.prondzinski@andersencorp.com">kathy.prondzinski@andersencorp.com</a>	Limited Benefit	Yes	Group	(b)(4)	
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ANNUAL LIMIT WAIVER APPLICATION 2010

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**ANNUAL LIMIT WAIVER APPLICATION 2010**

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Employee						(b)(4)					None	Kathy Prondzinski	Corporate Benefits Director
Employee + Family											None	Kathy Prondzinski	Corporate Benefits Director

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**ANNUAL LIMIT WAIVER APPLICATION 2010**

Annual Limit Waiver Request Applicant Name	Policy Name (use a new row for each policy application)	Applicant (Plan/ Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Contact Name	Street Address	City	State	Zip Code	Phone Number (including area code)	Email Address	Type of Coverage (e.g., Limited Benefit, HRA, Rx only, Other)	Self-Insured (Yes/No)	Individual or Group Policy	Total Number of Individuals Covered by Policy (include all dependents covered)	Current Plan Overall Annual Limit (in dollars)
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Silver Line Building Products, LLC.	Silver Line New Jersey Union Production Medical Plan	Minneapolis	MN	01/01/2011	Kathy Prondzinski	100 Fourth Ave N	Bayport	MN	55003	651-264-2836	<a href="mailto:kathy.prondzinski@andersencorp.com">kathy.prondzinski@andersencorp.com</a>	Limited Benefit	Yes	Group		
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**ANNUAL LIMIT WAIVER APPLICATION 2010**

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**ANNUAL LIMIT WAIVER APPLICATION 2010**

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Employee						(b) (4)					None	Kathy Prondzinski	Corporate Benefits Director
Employee + Family											None	Kathy Prondzinski	Corporate Benefits Director

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**From:** Habit, Sandra (HHS/OCIIO)

**Sent:** Thursday, December 30, 2010 3:16 PM

**To:** 'kathy.prondzinski@andersencorp.com'

**Subject:** Andersen Corporation 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 **Andersen Corporation**. HHS has reviewed your application and made its determination. Please see the attached letter. The following plans have been approved:

Silver Line New Jersey Union Grandfathered Production and Driver Medical Plan
Silver Line New Jersey Union Grandfathered Production and Driver Medical Plan
Silver Line New Jersey Union Production Medical Plan
Silver Line New Jersey Union Production Medical Plan
Silver Line Illinois Union Production Medical Plan
Silver Line Illinois Union Production Medical 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,

ANDERSEN:000247

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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ANDERSEN:000248



**From:** Prondzinski, Kathy [Kathy.Prontzinski@AndersenCorp.com]

**Sent:** Thursday, December 30, 2010 4:45 PM

**To:** Habit, Sandra (HHS/OCIIO)

**Subject:** Re: Andersen Corporation Approval Letter for a Waiver of the Annual Limits Requirements 12-30-2010

Thank you for your very prompt response to our request. I confirm receipt of our approval of the Silver Line union plans.

---

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

**Sent:** Thursday, December 30, 2010 02:15 PM

**To:** Prondzinski, Kathy

**Subject:** Andersen Corporation 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 **Andersen Corporation**. HHS has reviewed your application and made its determination. Please see the attached letter. The following plans have been approved:

Silver Line New Jersey Union Grandfathered Production and Driver Medical Plan
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Silver Line New Jersey Union Production Medical Plan
Silver Line New Jersey Union Production Medical Plan
Silver Line Illinois Union Production Medical Plan
Silver Line Illinois Union Production Medical Plan

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

ANDERSEN:000249

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](mailto:Sandra.Habit@hhs.gov)

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The environment has a business partner.



**From:** Habit, Sandra (HHS/OCIIO)  
**Sent:** Tuesday, December 21, 2010 10:51 AM  
**To:** 'Prondzinski, Kathy'  
**Subject:** RE: Waiver Application - Andersen Corporation  
December 21, 2010

-  
Ms. Prondzinski,

Thank you for your information.

Your application is now complete and you will receive a determination of your application within 30 days. Take care and have a happy holiday!

Thank you,  
Sandy

---

**From:** Prondzinski, Kathy [mailto:Kathy.Prondzinski@AndersenCorp.com]  
**Sent:** Monday, December 20, 2010 4:28 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Parrucci, Tammy  
**Subject:** RE: Waiver Application - Andersen Corporation

Attached please find:

- I. The completed annual limits spreadsheets.
- II. The following information is also being provided as requested:
  - I am confirming that the plan was created pursuant to the Taft-Hartley Act. The expiration of the last collective bargaining agreement is December 31, 2012.
  - I confirm that the plan was in existence before March 23, 2010. We will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140.

This should constitute a complete application. As stated in our earlier emails, time is of the essence, due to the suspension of our collectively bargained negotiations. A timely response is most appreciated.

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

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---

**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Thursday, December 16, 2010 2:05 PM  
**To:** Prondzinski, Kathy  
**Subject:** Waiver Application - Andersen Corporation

Ms. Prondzinski,

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

ANDERSEN:000251

I. Please complete the entire annual limits spreadsheet, available at: [http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html). 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.

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- Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140?

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,  
Sandy

Sandy Habit  
Department of Health and Human Services  
Office of Consumer Information and Insurance Oversight  
301-492-4175  
[Sandra.Habit@hhs.gov](mailto:Sandra.Habit@hhs.gov)

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---

To Whom It May Concern:

On November 16, 2010, Andersen Corporation submitted to HHS an application for a waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act for three of its medical plans. The waiver would apply for the plan year beginning on January 1, 2011 and ending on December 31, 2011.

We understand that HHS intends to rule on complete waiver applications within 30 days of receipt. Therefore, we anticipate receiving a response by the close of business today, Thursday, December 16<sup>th</sup>.

As stated in our earlier email (below), time is of the essence due to the suspension of critically important collective bargaining negotiations with our union. A further bargaining session is scheduled Monday, December 20<sup>th</sup> in anticipation of receiving a response to our waiver application by December 16<sup>th</sup>. If we do not receive a timely response from HHS, the bargaining process will be delayed further to the prejudice of the Company, the Union and the employees.

Your attention and cooperation are greatly appreciated.

Kathy

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003

ANDERSEN:000252

Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

---

**From:** Prondzinski, Kathy  
**Sent:** Wednesday, December 01, 2010 5:11 PM  
**To:** OCIOOversight@hhs.gov  
**Subject:** FW: Waiver - 2nd request  
**Importance:** High

To whom it may concern:

Although I know that HHS has 30 days in which to determine if we will be granted a waiver, our union has refused to continue to bargain until we hear back from HHS on whether or not a waiver has been granted. I therefore am respectfully asking if there is an answer to our request for a waiver yet. The sooner we hear back, the sooner we can proceed with either informing our associates that the annual limits will remain in place, and that their plan will remain unchanged, or, in the case that the waiver is not granted, continuing to bargain with the union and try to offset the additional cost of raising the limits by changing plan design and/or increasing contributions.

Your attention to this matter is greatly appreciated.

Kathy Prondzinski

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003  
Tel: 651-264-2836 Fax: 651-275-6585  
[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

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**From:** Prondzinski, Kathy  
**Sent:** Tuesday, November 16, 2010 2:03 PM  
**To:** OCIOOversight@hhs.gov  
**Cc:**  
**Subject:** Waiver  
**Importance:** High

Attached please find:

- Andersen Corporation's application for waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act (PPACA)
- Exhibits A and B (actuarial support of the cost impact of health care reform and employee contributions for 2010 and 2011)
- Summary Plan Descriptions (SPDs) for the three plans for which we are requesting a waiver
- Excerpts from the Silver Line New Jersey Union Contract and The Silver Line Illinois Production Union Contract, outlining the employee contribution agreements with the company

Should you need any further information, please feel free to contact me, using the information below.

Thank you,

Kathy Prondzinski

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
Bayport, MN 55003

ANDERSEN:000253

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**From:** Prondzinski, Kathy [Kathy.Prontzinski@AndersenCorp.com]  
**Sent:** Tuesday, December 21, 2010 12:15 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Subject:** RE: Waiver Application - Andersen Corporation  
Thank you! And Happy Holiday to you as well!

Kathy

---

**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Tuesday, December 21, 2010 9:51 AM  
**To:** Prondzinski, Kathy  
**Subject:** RE: Waiver Application - Andersen Corporation

December 21, 2010

-  
Ms. Prondzinski,

Thank you for your information.

Your application is now complete and you will receive a determination of your application within 30 days. Take care and have a happy holiday!

Thank you,  
Sandy

---

**From:** Prondzinski, Kathy [mailto:Kathy.Prontzinski@AndersenCorp.com]  
**Sent:** Monday, December 20, 2010 4:28 PM  
**To:** Habit, Sandra (HHS/OCIIO)  
**Cc:** Parrucci, Tammy  
**Subject:** RE: Waiver Application - Andersen Corporation

Attached please find:

- I. The completed annual limits spreadsheets.
- II. The following information is also being provided as requested:
  - I am confirming that the plan was created pursuant to the Taft-Hartley Act. The expiration of the last collective bargaining agreement is December 31, 2012.
  - I confirm that the plan was in existence before March 23, 2010. We will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140.

This should constitute a complete application. As stated in our earlier emails, time is of the essence, due to the suspension of our collectively bargained negotiations. A timely response is most appreciated.

Kathy Prondzinski  
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**From:** Habit, Sandra (HHS/OCIIO) [mailto:Sandra.Habit@hhs.gov]  
**Sent:** Thursday, December 16, 2010 2:05 PM  
**To:** Prondzinski, Kathy  
**Subject:** Waiver Application - Andersen Corporation

Ms. Prondzinski,

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

I. Please complete the entire annual limits spreadsheet, available at:

[http://www.hhs.gov/ociio/regulations/annual\\_limit\\_waivers.html](http://www.hhs.gov/ociio/regulations/annual_limit_waivers.html). 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 created pursuant to the Taft-Hartley Act. And if so, please state the expiration of the last collective bargaining agreement.
- Please confirm that your plan was in existence before March 23, 2010, and if so, whether it will be complying with the requirements of the Grandfathering Regulation, 45 CFR 147.140?

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,  
Sandy

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

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To Whom It May Concern:

On November 16, 2010, Andersen Corporation submitted to HHS an application for a waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act for three of its medical plans. The waiver would apply for the plan year beginning on January 1, 2011 and ending on December 31, 2011.

We understand that HHS intends to rule on complete waiver applications within 30 days of receipt. Therefore, we anticipate receiving a response by the close of business today, Thursday, December 16<sup>th</sup>.

As stated in our earlier email (below), time is of the essence due to the suspension of critically important collective bargaining negotiations with our union. A further bargaining session is scheduled Monday, December 20<sup>th</sup> in anticipation of receiving a response to our waiver application by December 16<sup>th</sup>. If we do not receive a timely response from HHS, the bargaining process will be delayed further to the prejudice of the Company, the Union and the employees.

ANDERSEN:000256



Your attention and cooperation are greatly appreciated.

Kathy

Kathy Prondzinski  
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[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

---

**From:** Prondzinski, Kathy  
**Sent:** Wednesday, December 01, 2010 5:11 PM  
**To:** OCIIIOversight@hhs.gov  
**Subject:** FW: Waiver - 2nd request  
**Importance:** High

To whom it may concern:

Although I know that HHS has 30 days in which to determine if we will be granted a waiver, our union has refused to continue to bargain until we hear back from HHS on whether or not a waiver has been granted. I therefore am respectfully asking if there is an answer to our request for a waiver yet. The sooner we hear back, the sooner we can proceed with either informing our associates that the annual limits will remain in place, and that their plan will remain unchanged, or, in the case that the waiver is not granted, continuing to bargain with the union and try to offset the additional cost of raising the limits by changing plan design and/or increasing contributions.

Your attention to this matter is greatly appreciated.

Kathy Prondzinski

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Director, Corporate Benefits Design  
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[kprondzinski@andersencorp.com](mailto:kprondzinski@andersencorp.com)

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**From:** Prondzinski, Kathy  
**Sent:** Tuesday, November 16, 2010 2:03 PM  
**To:** OCIIIOversight@hhs.gov  
**Cc:**  
**Subject:** Waiver  
**Importance:** High

Attached please find:

- Andersen Corporation's application for waiver from the restricted annual limits set forth in the interim final regulations under the Patient Protection and Affordable Care Act (PPACA)
- Exhibits A and B (actuarial support of the cost impact of health care reform and employee contributions for 2010 and 2011)
- Summary Plan Descriptions (SPDs) for the three plans for which we are requesting a waiver
- Excerpts from the Silver Line New Jersey Union Contract and The Silver Line Illinois Production Union Contract, outlining the employee contribution agreements with the company

Should you need any further information, please feel free to contact me, using the information below.

ANDERSEN:000257

Thank you,

Kathy Prondzinski

Kathy Prondzinski  
Director, Corporate Benefits Design  
Andersen Corporation  
100 Fourth Avenue North  
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