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**To:** [E-OHPSCA2715.EBSA](#)  
**Cc:** [Elizabeth Leight](#)  
**Subject:** Four Page Summary of Benefits  
**Date:** Friday, October 14, 2011 9:18:22 AM

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Dear Department of Labor,

I am Vice President of Operations for a Connecticut based company (Diversified Administration Corporation, that provide Third Party Administration (TPA) services for 120 small to mid-size single employer, self funded group health plans. These plans cover over 30,000 members. The intent of this email is to share with you some deep concerns that we and our self-funded employer group clients have with the proposed Four Page Summary of Benefits.

PPACA requirements are putting a significant strain on the benefits industry and the current March 23, 2012 deadline is fast approaching. With several key issues unresolved, we are requesting a delay in the effective date of the Summary of Benefits requirement for at least a year, and then have it applicable only at renewal of the group. Below are some of the key issues outstanding.

1. It appears that the proposed Summary of Benefits template was created from the fully-insured point of view, but the vast majority of US health plans are self-funded. The error is understandable since NAIC works with state insurance departments in their management of the fully-insured health marketplace, so its approach envisions fully-insured plans. Under ERISA's preemption provisions, state insurance departments generally do not have authority over self-funded welfare benefit plans.
2. The terminology used in self-funded programs does not usually coincide with that used by insurance carriers in their fully-insured policies of insurance. For example, the term "policy year" is used instead of "plan year" and "policy booklet" is used instead of Summary Plan Description.
3. The template is not user friendly for the self-funded plan sponsor nor for third party administrators that will be managing the process for their employer clients. Using the template in the suggested version from the NAIC, with persons who will be covered by a self-funded program, could lead them to believe that the program they are looking at is a fully-insured program, which it would not be. Providing a self-funded version of the Summary will help dissuade them of such a belief. Keeping this clarification has been a priority of NAIC for years, so proceeding with the template would be a step backward.
4. The sample template is clearly designed for individual insurance carrier's and is not helpful to employers who self-insure their group health plans. Since Employers need more help than insurers in the individual markets, it would make sense to provide a sample SOB for an ERISA plan.
5. Finally, a lot of employee time will be required to create these Summaries. In the self-funded market each plan has customized features. They are not the standard plans used by many insurance carriers. Each summary will have to be individually crafted at a significant expense to the self-funded employer. If an employer has an indemnity plan, PPO plan, and a High Deductible HSA compatible plan, with 4 tiers of coverage each (single, single and spouse, single and children, and family) the number of separate Summaries multiplies quickly. The cost of producing and distributing so many Summary of Benefits will create a significant financial burden on TPAs and the small employers that we serve. Many of these employers will need to increase employee contributions to make up the administrative cost involved, further making health care coverage less affordable to employees.

We thank you for your consideration to give us the time and opportunity to improve compliance with the changes that fit self-funded benefit plans and we look forward to a positive response to our suggestions.

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