



1325 Barksdale Blvd., Suite 300
P.O. Box 71120
Bossier City, Louisiana 71171-1120
(318) 747-0577
(800) 742-9944
Fax (318) 747-5074
Marketing Fax (318) 747-7304

DOL Testimony – August 23, 2017

ERISA Advisory Council

Good afternoon. The agenda presented states that I am a Third Party Administrator. This is true. My company has been in business since 1982. From the front lines, I have witnessed the evolution of the intense complexity of employee benefits in the U.S. The entire system has become daunting for the employers and participants. Regardless of the type of benefits received, whether private insurance, Medicaid, Medicare or uninsured. The process has become extremely complex. Anything to stem the tide of complexity would be a huge step in the right direction. I am also an employer with 100 employees who has born the ever increasing burden of compliance since 1982. I have felt and always will feel that it is my responsibility to provide strong benefits to our employees. Not only for their health but their life, risk of disability, dental, vision, retirement and etc. I feel punished by the ever mounting burden of compliance tied to these benefit packages. In an effort to care for my employees I must navigate a mountain of compliance responsibilities, track and keep up with over twenty-one (21) notices just associated with our medical and Rx plan of benefits. That list is attached but I will not waste time in this testimony to read it. These notices all come out at different times of the year. Just to keep up with the dates of each notice release requires considerable record keeping. My employees usually compound my frustration because for the most part these notices go unread and fill our recycle bins. It's just too much too often. Today I'd like to speak to you *not* as an administrator or as an employer but as a participant just like the many thousands our TPA represents. I want to speak to you as a plain citizen.

I have a very busy life, Ladies and Gentlemen. I realize that the DOL is looking out for my best interest but all the "notices" so carefully written for my benefit are wasted on me. I get a mountain to read. All on different subjects and all at different times of the year. It's very detailed and disjointed. Therefore the majority of the time, I throw it away without reading a word. Too much at too many different times. Please, please, please make these notices you are working so hard to give me, simpler. If I could receive it just once a year in one (1) neat package, one (1) notice, I could use it as a convenient reference piece and of course posted electronically would be a bonus. There is a drawer in the kitchen where I put all important items I might need for reference. In that drawer I put my car title, my appliance warranties, my insurance policies, and etc. If I got just one (1) "jumbo



notice” annually I would tend to keep it as reference material and not just random information that I throw in the trash. Just this one (1) common sense change would help bring simplicity to my life, the lives of my co-workers and the life of my employer. Well intended notice compliance would go from a burden to a potential valuable resource. One (1) jumbo notice once a year would help me tremendously and just makes common sense. Please ladies and gentlemen the American employers and participants would welcome some common sense. Simplicity is always preferable over complexity. I implore you. Make my life simpler, your life simpler, and all the employers in this country’s life simpler. One (1) “jumbo notice” once a year. That’s all we ask. It is well within your power to grant this simple request. Please, please, please do so.

Thank you,

A handwritten signature in black ink, appearing to read "M. N. Smith". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Mary N. Smith, President
IMA, Inc.

DOL Testimony

- Summary Plan Description (SPD): upon initial eligibility and every five years thereafter.
- Summary of Benefits and Coverage (SBC): upon initial, open, and special enrollment; material modification; and request.
- COBRA: upon enrollment; with SPD: upon election right, unavailability, early termination, or rescission of continuation coverage; late or insufficient premium.
- Affordable Care Act Grandfather Plan Notice (ACA): with enrollment materials and SPD.
- ACA Primary Care Provider Notice: with SPD.
- ACA Internal Claims and External Review Notice: with SPD: upon denials.
- Newborns' and Mothers' Health Protection Act (NMHPA): with SPD.
- HIPAA Privacy Notice: upon initial enrollment; material modification; every three years thereafter.
- HIPAA Special Enrollment Notice: upon enrollment.
- Women's Health and Cancer Rights Notice (WHCRA): upon enrollment and annually thereafter.
- Medicare Part D Notice: upon initial enrollment: annually, with changes to creditable prescription drug coverage and upon request.
- Michelle's Law Notice: upon initial eligibility, open, and special enrollment and certification of student status for coverage.
- Wellness Program Disclosure: with SPD: upon failure to satisfy standard.
- Summary of Material Modification (SMM): after any year in which a material change to the plan is adopted.
- Summary of Material Reduction in Coverage (SMR): after reduction.
- Qualified Medical Child Support Order Procedures (QMCSO): with SPD; upon receipt of order and by request.
- Summary Annual Report (SAR): after each year for certain plans.
- Children's Health Insurance Program (CHIP): annually.
- ACA Cost of Health Care Report: with Form W-2.
- ACA Notice of Exchange: upon hire.
- Mental Health Parity (MHPAEA): upon request, cost exemption, and denial.