

# PUBLIC SUBMISSION

<b>As of:</b> August 12, 2010
<b>Received:</b> July 16, 2010
<b>Status:</b> Pending_Post
<b>Tracking No.</b> 80b1b5a6
<b>Comments Due:</b> August 11, 2010
<b>Submission Type:</b> Web

**Docket:** HHS-OS-2010-0012

Group Health Plans and Health Insurance Issuers Relating to Dependent Coverage of Children to Age 26, etc.

**Comment On:** HHS-OS-2010-0012-0001

Group Health Plans and Health Insurance Issuers Relating to Dependent Coverage of Children to Age 26, etc.

**Document:** HHS-OS-2010-0012-DRAFT-0012

Comment on FR Doc # 2010-11391

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## Submitter Information

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### General Comment

Under §147.120(g), before January 1, 2014, a young adult is not eligible for coverage under his or her parent's coverage in a grandfathered health plan if the child is eligible to enroll in an eligible employer-sponsored health plan. I am confused about what types of health plans are encompassed by that term. IRC 5000A(f)(2) did not provide a meaningful definition.

My 23-year-old son has schizophrenia, but has responded well to medication. He goes to the community college part-time, and works at a national retail chain part-time. Since he aged out of our family health care coverage last year, we have covered him under COBRA. My son is eligible for a health care plan that his employer offers to part-time employees. This plan is very inexpensive and a real benefit to part-time workers without other coverage, but is completely inadequate for my son. It includes no prescription drug coverage (my son's medication costs close to \$900/month without insurance discounts), greatly restricts other benefits, and has an annual limit of \$2,000.

The rules on requirements for group health plans issued on June 28 allow for a waiver of the restriction on annual limits for some health plans, which seems to be directed at these types of mini-med plans.

Eligibility for this type of low-cost, low-value health plan should render an individual ineligible for the young adult coverage and ask that you clarify, before January 1, that plans that do not provide essential health benefits and impose restrictive annual and lifetime limits do not disqualify a young adult from coverage under his or her parent's insurance.

My son's job is important to him and contributes to his continued recovery, but he makes less money each month than the cost of his COBRA coverage. I would hate to tell him that he should quit his job because it costs us more than he makes. Coverage that only pays the first \$2,000 of medical costs each year should not be a barrier to participating in this important new benefit.