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Requirements for Group Health Plans and Health Insurance Issuers under the Patient Protection and Affordable Care Act

**Comment On:** IRS-2010-0015-0001

Requirements for Group Health Plans and Health Insurance Issuers under the Patient Protection and Affordable Care Act:

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### General Comment

Re: §54.9815-2704T Prohibition of preexisting condition exclusions (temporary), (3) Applicability to grandfathered health plans, (4) Example conclusion states

"the plan year beginning January 1, 2011 is the first plan year of the group health plan beginning on or after September 23, 2010. Thus, beginning on January 1, 2011, because the child is under 19 years of age, the plan cannot impose a preexisting condition exclusion with respect to the child's asthma regardless of the fact that the preexisting condition exclusion was imposed by the plan before the applicability date of this provision."

Many of our clients, who are healthcare insurance companies, state that they want to continue to impose a preexisting waiting period on members who renew their enrollments.

Example: Member under age 19 has an 18-month preexisting condition waiting period for the 2010 enrollment period. The 2010 enrollment is for 1/1 - 12/31/2010, so the preexisting waiting period would end 5/31/2011.

The member renews enrollment for 2011. Our clients want to continue to impose the preexisting condition waiting period to 5/31/2011 from the previous enrollment.

Is this valid or contrary to the regulation?