

# PUBLIC SUBMISSION

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Summary of Benefits and Coverage and the Uniform Glossary

**Comment On:** EBSA-2011-0023-0001

Summary of Benefits and Coverage and Uniform Glossary

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## Submitter Information

**Organization:** Gundersen Lutheran Health Plan

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## General Comment

The requirements of providing the employee/employer with an SBC for each plan quoted prior to the sale. - The large number of SBC's being produced for each employee, will result in increased confusion at the member level. Often the member does not have a choice in plan selection, it is the employer that is determining the plan available, and therefore producing various SBC's based on the number of quotes requested by the employer will create confusion for the potential member and a large volume of unnecessary paper for the potential member.

Effective dates. - the regulations state that the SBC must be provided 30 days prior to the effective date. If an employee makes a change to their coverage (ie. single to family, family to single, benefit changes, etc) when does the SBC have to be provided to the employee? Does the 30-day period also apply to voluntary changes such as this? Can an employer make a plan change in the 30 day period after an SBC has been provided, prior to the effective date or renewal date? Or, would a plan change have to be effective the first of the month following 30 days to ensure the SBC can be produced and distributed timely.

Define what a coverage change is. - Coverage changes require a 60 day prior notice to the member, what specifically is a coverage change?

Self-Funded Groups. - the TPA does not establish the premium rate charged to the members. The TPA charges an administrative fee, therefore the health plan should not be responsible to collect and print the groups premiums on the SBC. This would be difficult to implement and manage as the TPA typically does not maintain the groups premiums in their processing system.