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Summary of Benefits and Coverage and the Uniform Glossary

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Summary of Benefits and Coverage and Uniform Glossary

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General Comment

See attached file(s)

Attachments

HHS COMMENTS DUE ON OR BEFORE OCTOBER 21

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-Group Health Plan includes both insured and self-insured. Does this also include Non-profit plans, Church Plans, Tribal Plans, PEO's, Union and Association Plans?

-Why are Governmental and Church plans excluded from provisions? Why would the Government have a different set of standards than the General Population? Aren't Gov't employees going to go through the same coverage options and provisions as the general public?

-How can Issuers comply with the March 23, 2012 required date if the basic outline has not even been conceived? There should NOT be a \$1000 fine imposed for any issuer prior to January 1, 2013 since the Government itself is not in the position to offer definite guidance at this current date.

-In section 2 of Providing the SBC, if someone is asking for a SBC as a consumer shopping for insurance – receives the SBC – the plan is modified, how is the issuer supposed to keep track of the consumer information to send out another SBC showing the updated information? The burden of receiving the updated information should be on the consumer ready to purchase insurance, rather than shopping for plans. Please clarify and consider altering this information.

-Clarify the timing of receiving the SBC and how it is received. "...but in no event later than seven days following the request". Please consider the wording, " but in no event **SENT** later than 7 days" so it would actually give the issuer 7 days to put in the mail. You could leave the current wording if it is send electronically.

-Why would the issuer be required to post the premium? If the Employer is providing the insurance and paying between 51%-100% of the cost, the Employer may not wish to have this posted. For reporting purposes, only the contribution needs to be displayed, correct? That figure could be noted on the tax reporting form, which would suffice for notification to the Employee. Premium need not be required for compliance on the SBC, but would be required for tax purposes. One reporting site/document through the IRS would work best and not duplicate efforts.

-Initially, as I understood this, only the Medical and Dental needed to be considered under the PPAC and if the Dental was Stand Alone, I didn't think that was even necessary. Now I see that the "Benefit Package" must comply with the SBC and do not understand what the "Benefit Package" means. If the Medical, Dental, Vision, STD, LTC, LTD are all Stand Alone Policies, are they ALL required to have a SBC? How about Voluntary Products and Vol. as attached to a Group Life Benefit?

-An Employer may or may not know if a plan is automatic. You get the renewal 60 days in advance – you negotiate, provide options, send out to market – get everything back within 2-3 weeks and present everything to the Employer. How can they have a new SBC available at the timeframe you have proposed? This is not practical at all and NEEDS to be addressed asap. The 30 day rule cannot be enforced if the information is not available at that time.

-Information about Dependents with different living addresses is not known in MANY situations. This information needs to be gathered and input by issuers. New forms may be required to ensure the current information about Dependents is correct – you are not leaving time to set up a sample SBC AND gather additional information without proposing penalties. Employer's also need to gather Employee and Dependent email addresses. This is wrong.

-Rider's, Mandate's by State, Domestic Partner coverage have not been addressed. Kindly mention how this information will be communicated on a SBC.

-One idea for communicating information that is general and applies to all policies is to have a separate "LINK" for information such as:

- Uniform Glossary
- Cobra Information
- Examples of Covered Expenses
- Comparison of Plans (gold, bronze, etc)
- Federally Required Information
- Consumer Complaint information
- Button to request electronic or paper document

The ERISA material CAN contain the SBC information IF LINKS are available and noted. The 4 pages of the SBC would be able to house all information.

-Employee's can request PAPER copies of SBC's and LINK information via email or paper request. The Issuer should have 14 days to gather this information and send out to the Insured. A prospective insured would only receive the basic information without the ERISA material attached.

-MOST IMPORTANTLY, if an employee is offered health insurance and it is 9.6% of their household income, the subsidy they may be available SHOULD APPLY TO THE GROUP HEALTH PLAN, instead of forcing the employee to go through the Exchange as an Individual insured. WHY would you penalize the Group Health Plan and alter the participation, just to have them use the subsidy towards the Exchange plan. This could potentially destroy Group Health Insurance and force the Group plan to terminate, leaving EVERYONE without Employer sponsored Health Insurance