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Cc: [Becky Parker](#); [Brad Van Winkle](#); [Keith Carmichael](#)
Subject: RIN 1210-AB52
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Good afternoon,

Thank you for the opportunity to comment on the Summary of Benefits and Coverage (SBC) and Uniform Glossary proposed rules. I am an independent benefits advisor who has worked in this industry for 18 years with employers and individuals. I have studied the Patient Protection & Affordable Care Act extensively and educated employer clients on how to manage their plans in the face of these new regulations. MHBT, the firm I work for, is one of the top 50 largest independent insurance agencies in the country. Insurance can be confusing without a proper advisor. As benefits advisors, we take it upon ourselves to properly educate clients about their benefits as we believe an educated employer and its employees will make better use of the benefits offered. Employers struggle everyday to comply with regulations to offer a benefit for their employees. Please do not make it more cumbersome and costly to offer benefits; more regulation could cause an employer to drop benefits altogether. While I understand fully insured carriers are responsible for the SBC on behalf of their employer clients, employers and employees who purchase the insurance will be the ones paying the additional administrative cost to the carrier in the form of higher premiums.

I think the idea of standardizing health insurance terminology and benefits summaries is great, and allows individuals to accurately compare benefit plans; however, plan sponsors use creative strategies to offer comprehensive benefits while controlling their own costs that are not allowed to be shown in the proposed SBC. The SBC as proposed is too rigid and does not allow an individual to accurately compare benefit plans. Plan sponsors and fully insured carriers need to be able to alter the SBC to incorporate the special features included in a plan such as:

- employer Health Reimbursement Arrangement funding,
- employer Health Savings Account funding,
- employer Health Flexible Spending Account funding,
- deductible carryover feature,
- deductible buy-down features,
- office visit copayment buy-down feature,
- 4-tier prescription drug card plan,
- mail order pharmacy feature, and
- generic incentive feature

The Affordable Care Act has highlighted preventive care as one of the positive aspects of the law but it is not noted on the SBC. More space needs to be allowed for the section “if you have a test” because plans often pay testing differently based on whether the service is performed in the physician’s office or at a facility, and whether the test is billed through the physician or directly by the facility. In the section “If you need immediate medical attention,” there needs to be a line for emergency room physician as these providers bill their

services separately from the emergency room facility.

The Coverage Examples are extremely confusing and will cause employers to have to constantly explain them. The Departments should more directly refer individuals to the coverage assumptions on the last page. The sample care costs are going to be perceived as the actual cost of care so the Departments should diminish the font for those areas and more strongly highlight the “plan pays” and “you pay” amounts at the top and bottom of the page even more. Even these suggested changes will cause confusion among readers and may lead to more claim appeals (based on the newly expanded claims & appeals regulations) which will cost the plan additional money to process.

The Departments should consider adding a disclaimer statement to the effect of: “this is just a summary of benefits; the contract will prevail in the instance of any discrepancies.”

If the federal government is going to try to standardize medical insurance plans, it should standardize plan language and definitions for all plans to use. The current idea of a uniform glossary to define insurance terms on the SBC while those terms do not coincide with the contractual language in a policy will confuse individuals and possibly cause additional claim appeals which, again, will cost the plan additional money.

Finally, these regulations are obviously very complicated as they were not released until 5 months past the statutory deadline. Please either eliminate these cumbersome regulations or at least give plans and insurers an additional 5 months to implement these SBC provisions as they need time to adjust and format their systems to populate the SBC correctly.

Please feel free to contact me if you have any questions.

Regards,
Becky

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