



NATIONAL ASSOCIATION
OF VISION CARE PLANS

VIA REGULATIONS.GOV
December 5, 2016

The Honorable Phyllis C. Borzi
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

RE: RIN 1210-AB63; Proposed Revision of Annual Information Return/Reports

Dear Assistant Secretary Borzi:

I am writing on behalf of the members of the National Association of Vision Care Plans (NAVCP) in response to the proposed Department of Labor (DOL) rule relating to annual reporting requirements under Part 1 of Subtitle B of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). NAVCP is the membership organization for the managed vision care industry serving as the voice for the vision benefits industry. NAVCP's 20 primary member companies manage extensive networks of vision care providers and include vision benefit coverage for **over 149.2 million Americans**.

We believe the changes contained in this rule will represent a significant burden for plans subject to ERISA, in particular the excepted benefits provided by Vision Care Plans (VCPs), without offsetting benefits to regulators or consumers. As with dental plans and other excepted benefit plans, enrollment in a VCP is primarily voluntary. Accordingly the attended costs related to the new rule would greatly impact our plans ability to market affordable vision benefits to employees.

As stated in the proposed regulations, all group health plans would be required to file Form 5500. Currently, small plans with fewer than 100 covered participants are exempt. Additionally, a new Schedule J must be completed by all plans that include group health coverage. This will result in hundreds of thousands of new Form 5500s, schedules, and attachments. This will require reporting on a variety of compliance issues and other plan data that might not be maintained in the possession of a plan's primary service provider, much less a VCP. For example, the new Schedule J requires reporting numbers of dependents, which VCPs frequently do not collect as family vision plans provide coverage to all dependents, regardless of number. Additionally, VCPs would not have information necessary to complete reporting on wellness programs and stop loss insurance.

Finally, we are concerned about the impact on employers who choose to make routine vision care available to their employees. Stand-alone vision plans are not permitted in Health Benefit

Exchanges. Accordingly, their availability is compromised when not offered through an employer. With the increased costs of the requirements under this rule and the competitive market for these benefits, we are concerned that employers will be discouraged from making even a voluntary vision benefit available to their employees.

We request that the DOL, as it has in other instances, consider the exemption of VCPs from the requirements under the proposed rule. The application of this reporting requirement on VCPs will necessarily yield much less information than from other, non-excepted, benefit plans and will be greatly outweighed by the attendant cost.

Thank you for the opportunity to comment and the consideration of our views. We would be pleased to address any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Julian Roberts". The signature is fluid and cursive, with a large initial "J" and "R".

Julian Roberts
Executive Director
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