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Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections

**Comment On:** EBSA-2010-0016-0001

Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections

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## Submitter Information

**Name:** Anne Wright

**Address:**

1085 Brighton Avenue  
Portland, ME, 04102

**Email:** awright@holdenagency.com

**Phone:** 207-775-3793

**Organization:** Holden Agency / EBS

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## General Comment

I would like to request clarification of the meaning of "annual maximum" for essential benefits, as described in the PPACA. Once essential benefits are defined by HHS, are plans limited from imposing an annual limit (expressed in terms of a dollar amount) on any of the essential benefits individually? Or does the "annual maximum" limit refer to an aggregate of all essential benefits together? For example, if we assume that "habilitative / rehabilitative services" are part of a plan's essential benefits, and if we further assume that physical therapy is included in the definition of rehabilitative benefits, may a plan still impose an annual limit (for example, \$5,000) on the dollar amount of benefits that will be paid for physical therapy services, as long as the aggregate annual maximum under the plan meets the guidelines listed in the PPACA? Or must that dollar limit be no less than the maximum allowed under PPACA (\$750,000 in 2011, \$1.25 million in 2012, \$2 million in 2013, unlimited in 2014), for each individual benefit covered under the plan? Based on some of the comments in the federal register, which describe a small number of insured Americans bumping up against their annual maximum benefit each year, it would seem that the limit applies to the aggregate of all benefits - but it is not clear in the regs, and there has been a great deal of confusion on this issue on the part of insurers, commenters, and consultants. Clarification on this point would be welcome. Thank you.