

From: [Elizabeth Gartman](#)
To: [E-OHPSCA2715.EBSA](#)
Subject: Comments regarding Proposed Rule of Summary of Benefits and Coverage and the Uniform Glossary
Date: Thursday, October 06, 2011 12:53:05 PM

The following comments are submitted in regards to the above:

We are in agreement with the comments mentioned in the proposed rule regarding the additional costs and resources that developing this additional document will impact.

We are requesting more clarification regarding the responsible party that is required to meet this requirement in the area of self insurance or TPAs. Sections of the document indicate that it can be either the TPA or the plan sponsor other sections seem to indicate it is the responsibility of the TPA. Please note that within the TPA market, the responsibilities of enrollment materials and other documents varies by contract.

We are in favor of the option of having the SBC be part of a Summary Plan Document as described when the required entity is required to supply the Summary Plan Document to its members.

In regards to the dates of implementation, the preference would be to have language in the document making this a requirement for a plan by the next renewal period after the 03/23/12 effective date. (Example: for a plan whose plan runs on a January- December schedule the requirement would go into effect 01/01/13.)

If the above is not approved clarification is required on what is expected regarding the distribution of materials for those members who received Summary of Member Materials or Plan Documents for 2012 prior to the effective date of this requirement?

In regards to the coverage facts label, charges vary widely by provider, specialty, and location. Clarification would be requested on the development of charges to be used in the scenarios to determine the costs. If there was a charge that was called out for the examples that would need to be factored that was supplied nationally, the information that is produced may be more consistent for members to compare against the different plans.

In regards to the proposed rule and the uniform glossary of terms, the glossary is mentioned to be provided in connection with the SBC and is silent in regards to the Plan Document or the Summary of Member Materials. What is the expectation or intent in this area?

Comments are also requested on whether it would be feasible or desirable to permit plans and issuers to input plan- or policy-specific information into a central Internet portal, such as the Federal health care reform Web site ([http:// www.healthcare.gov](http://www.healthcare.gov)), that would use the information to generate the coverage examples for each plan or policy. The examples would then be available on the Internet portal for access by individuals. Alternatively, some have suggested that plans and issuers might provide individuals, in a convenient format in the SBC, the several items of plan- or policy-specific information necessary to generate the coverage examples and a reference to the Internet portal, so that individuals could input the information into the Internet portal to generate the coverage examples for the plan or policy.

The above request is complicated. The benefits across the different health plans and the types of coverage that is provided vary. If the development of such a site and the requirements of data submission were simplistic and clear then the option may be feasible. For example: Most plans have Deductibles and Out of Pocket Costs, and plans will have to cover Essential Health Services. If these were the subjects that were identified for reporting, and each area was called out with a data of key of what needed to be reported in each field that is clear then

the option may be feasible.

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