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

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Comment on FR Doc # 2010-15278

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General Comment

Attached are our comments on OCCIO-9994-IFC

Attachments

HHS-OS-2010-0014-DRAFT-0017.1: Comment on FR Doc # 2010-15278

August 9,2010

**THE PATIENT PROTECTION AND AFFORDABLE CARE ACT
COMMENTS ON THE INTERIM FINAL REGULATIONS**

The regulations do not seem to give a clear definition of a “Limited Benefit or a “Mini-Med” plan which are referenced as to possibly receiving a “Variance” in connection with certain maximum benefits (page 37207). There are many types of limited benefit plans: some indemnity others a combination of indemnity and a percentage of certain actual expenses.

These plans were designed to provide individual and groups a low premium which is usually paid by the insured. In a group setting the plan may be voluntary with the employer only collecting and remitting premium.

A variance on the plans maximum payouts may be helpful, but given the various options in these plans it could prove to be very difficult to administer. In certain cases it may require refiling. Since it would seem the majority of these plans will be discontinued by 2014 and replaced by other designs, the cost of modification could outweigh any benefit leading to canceling policies altogether. .

Exempting the plans in force on September 23, 2010 until January 2014 could avoid the possible need to cancel now if the variances will not fit within the current structures. The “Grandfather” clause may have provided certain exemptions but eventually incorporated

too many requirements. Although these plans usually do not provide the level of coverage afforded in the new programs, they would provide a level of protection with less disruption for the insured while the newer programs are developed.