October 5, 2011

Universal Forest Products, Inc.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9982-P
P.O. Box 8016
Baltimore, MD 21244-1850

To Whom It May Concern:

Universal Forest Products, Inc. is a holding company that provides capital, management and administrative resources to subsidiaries that design, manufacture and market wood and wood-alternative products. Our companies employ almost 5,000 people in over 60 locations throughout the United States.

In response to the Department's request for comments regarding the Uniform Benefit Summary requirements under the Patient Protection and Affordable Care Act, we would like to respectfully provide our feedback.

While we appreciate the agencies' desire to provide easy to understand information to employees and those applying for individual policies, as a large employer with both self insured and insured medical plan offerings, some of our concerns are as follows:

1. Much of the standard language on the summary is not appropriate for self-funded plans and will create inaccuracies if it is not changed. Examples are as follows:

- Page 1 of the Summary of Coverage specifies that potential members can obtain a copy of the benefits policy at www.insurancecompany.com/plan1500. Our concern with this template is that, our self-insured plan uses multiple TPAs in order to provide the best physician network coverage available to our participants. For this reason, our plan documents are not available via an insurance company's website. Rather, a participant can obtain a summary plan description through us by writing, calling or via our company's intranet site. If we are not allowed to deviate from the existing language, we will not be able to appropriately communicate this to our employees.

- The statement below, contained in the "What is the Premium" row on page 1 of the Summary of Coverage, is not applicable to most self insured employer plans. If we are unable to modify the "Why This Matters" section (as specified in the Draft Instructions Guide for Group Policies), the following statement will cause confusion amongst our employees.

- "This is only an estimate based on information you've provided. After the insurer reviews your application, your actual premium may be higher or your application may be denied."

- On page 4, the "Your Grievance and Appeals Rights" section requests that we include a phone number and website address so that our participants may contact the state office of health insurance customer assistance. Again, for self insured plans, members should not be contacting the state insurance commissioner, but rather, should direct such inquiries to the Plan. Furthermore, if it is the Department's intent for employers to insert the state insurance information for each state that a company operates in, employers who operate in multiple states (at UFP we operate in over 20 states) would be required to enter the phone number and website address for all applicable states. This would be cumbersome for multi-state employers and perhaps confusing to the employee.

2. It will be a challenge, and in many instances wasteful, to produce a separate version of this document for each coverage tier (i.e. single coverage and family coverage). The vast majority of the information will be the same, regardless of the coverage tier. The few exceptions to this, such as premium, deductible, and out-of-pocket limit could simply be specified for all coverage levels within the appropriate areas in page 1.

3. Additional detail and changes are needed in order to provide accurate cost information on the Coverage Examples, specifically:

- In the Coverage Examples section, the draft instructions guide indicates that the "Amount Owed to Providers" is equal to the "Sample Care Costs." For in-network providers, the amount owed to providers will likely be less than the cost of care, not equal to the cost of care, due to negotiated discounts between the provider and the insurance company. Since we may not know the exact discounts to be applied, it would be extremely difficult for this to be calculated in a way to that would make the above statement true.

- In the draft instructions, it is indicated that DHHS will provide specific details (CPT codes, provider types, sample dates of service, etc.) in order for the employer/insurer to calculate the "You Pay" section of the Coverage Examples. Since many items – such as "copays" are based on frequency (i.e. the number of visits) under our plan, it will be important for DHHS to also designate how many visits are associated with the "office visits & procedures" section for each Coverage Example. Without this, we would be unable to provide cost information.

- In the treating breast cancer and managing diabetes Coverage Examples, where "pharmacy" is indicated, we will need to know exactly what drugs are prescribed, and how many days supply of each. This will allow us determine what the member cost will be as our cost sharing (copays) are based on formulary status.

4. The uniform benefits summary template does not include a placeholder for grandfathered plans to include the Healthcare Reform Notice of Grandfathered Status. Are employers with grandfathered plans expected to include this notice in the uniform benefits summary?

5. Clarification and/or consideration is requested regarding the following issues related to the distribution of the summaries:

- When an ex-spouse enrolls in COBRA coverage, are employers expected to provide a uniform benefit summary to that ex-spouse?

- When the employer executes a Qualified Medical Child Support Order, are employers expected to provide a uniform benefit summary to the child and/or custodial parent of the child?

- The proposed rules specify that a uniform benefits summary must be provided within seven days of when a participant requests a special enrollment (i.e. a mid year family status change). If the uniform benefits summary is postmarked within seven days, is that sufficient?

- The proposed rules specify that this document must be printed in color. We question the value of providing this document in color vs. black & white. It will be very expensive for employers to print these summaries in color, and replace color toner for the printers. We ask the Department to reconsider that requirement.

Thank you for your consideration of these items as you work toward a solution that will be beneficial for our members and administratively feasible for employers and insurers to implement.

Sincerely,

Robert A. Hendricks
Vice President, Human Resources