March 28, 2016

Submitted via email to OIRA_submission@omb.eop.gov
Cc: DOL_PRA_PUBLIC@dol.gov

Attention: OMB Control Number 1210-0147
Office of Information and Regulatory Affairs
Attn: OMB Desk Officer for DOL-EBSA
Office of Management and Budget

Re: Comments on the Summary of Benefits and Coverage and Uniform Glossary

We appreciate the opportunity to provide feedback on the proposed changes to the Summary of Benefits and Coverage and Uniform Glossary issued on February 26, 2016. Viva Health was founded in 1995 and as a health maintenance organization we are one of the largest health insurers in the State of Alabama. We administer plans for over 55,000 fully insured and self-funded lives in the small group, large group, and student health markets as well as over 45,000 lives on our Medicare Advantage plans.

We anticipate that the proposed changes will have substantial impact on the creation, revision, and dissemination of the Summary of Benefits and Coverage (SBC) on plan administrators but will overall be less complicated and confusing for members and employer groups. Viva Health encourages the Departments to consider our comments and issue finalized templates within a reasonable amount of time to implement necessary changes. Viva Health offers the following comments and recommendations:

Comments
Premium Information: We support the option but not requirement to include premium information on the SBCs. Including such information for many plans would be both administratively and logistically complex due to the many variables that contribute to premium rates and varying employer contributions.

Coverage Example Calculator: We request the new coverage example calculator be released as soon as possible to allow for time to practice with it to ensure complete accuracy in our coverage calculations.

Template Instructions and Example: As a whole, we support the proposed instructions and example on how to accurately complete the template. We are appreciative of the modifications that would allow issuers to use additional space to add an employer or group name if needed and also to allow issuers to only insert the beginning date of the coverage period if the coverage period end date is not known when the SBC is prepared. We further support allowing issuers to list the dates for the coverage period as a whole and not the period that applies to each individual. Lastly, we support having the option to reflect the coverage period as either the plan year or benefit year if the plan has a plan year that differs from the benefit year.

We do request further clarification on several items in the instructions that differ from what is displayed on the proposed template or for the example to match the requirements outlined in the instructions. Some examples of discrepancies include:

1. On the first line of the top right header, the instructions state the policy or plan year be listed as "MM/DD/YYYY – MM/DD/YYYY". However, the proposed template lists the coverage period in the following format: "1/1/2017 – 12/31/2017".
2. The instructions state the list of items in the box titled "*Services Your Plan Generally Does Not Cover"* should be in alphabetical order. However, it is not displayed this way on the SBC example template.
3. The instructions state that all terms defined in the Uniform Glossary should be underlined in the SBC, yet there are several in the example SBC that are not.

Please consider modifications to the final example template(s) to match what is required in the instructions as these are formatting inconsistencies commonly addressed in CCIIIO reviews of our SBCs that we have undergone in the past.

Template Formatting: Overall, we support the proposed changes to the SBC template. We are particularly appreciative of the modifications that would reduce the length of the SBC as meeting the page length maximum requirement while still providing valuable and comprehensive yet concise information has been challenging for us in the past. For the same reason we support the Departments' proposal to maintain the current page length limit of four double-sided pages with a text size equal to that of a twelve-point font. In addition, we strongly appreciate allowing issuers to make minor adjustments to rows or column size in order to accommodate all plan information and allowing information to roll over from one page to the next. Lastly, we support the option to add rows for additional tiers for prescription drug coverage.

We suggest that the final template and instructions allow plans to combine cells for rows within a "Common Medical Event" classification that contain the same information. Examples A and B below and on the following page illustrates such a change:

Example A- current requirement that keeps cells separate, even when they contain the same information:

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider Your Cost If You Use a Participating Provider	Your Cost If You Use a Participating Provider Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition	Preferred generic drugs	$5 copay/prescription (retail); $12 copay/ prescription (mail order)	Not Covered	Covers up to a 31-day supply (retail); 90-day supply (mail order). No charge for generic, oral contraceptives.
	Generic drugs	$20 copay/prescription (retail); $43 copay/ prescription (mail order)	Not covered	Covers up to a 31-day supply (retail); 90-day supply (mail order). No charge for generic, oral contraceptives.

Example B- suggestion for consolidating cells that contain the same information to save on space while not compromising information

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider Your Cost If You Use a Participating Provider	Your Cost If You Use a Participating Provider Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition	Preferred generic drugs	$5 copay/prescription (retail); $12 copay/ prescription (mail order)	Not covered	Covers up to a 31-day supply (retail); 90-day supply (mail order). No charge for generic, oral contraceptives.
	Generic drugs	$20 copay/prescription (retail); $43 copay/ prescription (mail order)		

Additional Coverage Example: While adding an administrative burden, we do believe that the addition of the "simple fracture" coverage example will be valuable for our members and prospects since it has wider applicability than the existing "having a baby" and "managing type 2 diabetes" coverage examples. However, we encourage the Departments to continue to limit the number of examples to three in the future as this provides a fair balance between offering enough examples for a consumer to develop a reasonable understanding of estimated costs while at the same time not including so many that it becomes excessively burdensome for the issuer to update. These examples require a fair amount of time to complete between entering them into the coverage calculator, rounding the output, updating the SBC, and having multiple steps of review to ensure accuracy. When this process is multiplied across multiple plan designs it can become quite laborious and lend itself to error.

Disclosures: We support adding other benefits to the *Services Your Plan Generally Does Not Cover Box* instead of the *Other Covered Services Box* if the plan requires the participant to pay 100 percent of the service in-network.

Finally, we strongly urge the Departments to issue the finalized templates, instructions, and coverage example calculator as soon as possible in order to prevent any delay in compliance with the proposed effective date of plan years beginning on or after April 1, 2017.

Thank you in advance for your consideration of our concerns and the opportunity to provide comments and feedback on the proposed rule. If you have any follow-up questions or comments, please don't hesitate to contact me directly at smasdon@uabmc.edu or (205) 558-7610.

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Viva Health, Inc.