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Health reform provides relief to people covered under “limited benefit” or “mini-med” plans by allowing low annual limits to remain in place so that they do not incur a significant reduction in benefits or increase in premiums. Some “limited benefit” or “mini-med” plans received a waiver to maintain lower annual limits than required by health care reform. In order to retain the waiver until January 1, 2014, all applicants must re-submit the information originally required (but updated for current data) on an annual basis by the end of each calendar year. Specifically, the first annual limit update must be submitted by **December 31, 2012** and the second annual limit update must be submitted by December 31, 2013.

A group health plan or insurance carrier electing to extend its waiver will need to submit a copy of the Annual Limit Waiver Application – Waiver Extension Form at <http://cciio.cms.gov/resources/other/index.html#alw> which requests the following information:

- Updated contact information, including the name and contact information of the applicant, as well as the name and contact information of the person who prepared the annual update;
- Enrollment information for the plan or policy at the time the annual update is sent;
- Plan or policy current annual limit;
- A signed attestation (available at Section V at http://cciio.cms.gov/resources/files/alw_techinstruct_20110616.pdf) certifying that:
 - The plan or policy was in existence prior to September 23, 2010;
 - Compliance with the annual limit requirement would result in a “significant decrease in access to benefits” or a “significant increase in premiums;” and
 - The plan or issuer understands and will comply with the requirement to provide annual notice to participants.

This information should be emailed to AnnualLimitExtension@cms.hhs.gov with “Waiver Extension” as the subject of the email.

In addition, waiver recipients must retain all records pertaining to their applications to permit HHS to conduct an audit of the waiver applications.

It should be noted that HHS may, in its discretion, withdraw a waiver based on the failure of the waiver recipient to comply with these conditions.

For additional information visit: http://cciio.cms.gov/resources/files/06162011_annual_limit_guidance_2011-2012_final.pdf