



March 2, 2015

Public Disclosure Room
N-1513
Employee Benefits Security Administration
200 Constitution Ave., NW
Washington, DC 20210

Re: Summary of Benefits and Coverage (SBC) and Uniform Glossary Proposed Rule - CMS-9938-P

To Whom It May Concern:

The District of Columbia Health Benefit Exchange Authority appreciates your consideration of our comments below. The Health Benefit Exchange Authority (HBX) is an independent instrumentality (private-public partnership) created by the Council to implement the federal health coverage reform law, the Affordable Care Act (ACA) in the District of Columbia. HBX is responsible for implementing a state-based on-line health insurance marketplace under the ACA. The marketplace, called DC Health Link (DCHealthLink.com), enables individuals and small businesses to compare health insurance prices and benefits and to purchase affordable, quality health insurance.

SBC Content (45 C.F.R. §147.200(b))

Contract

We support the proposal to clarify that all health insurance issuers must include a web address where a copy of the actual policy also known as the certificate of coverage or evidence of coverage is available. This proposal appears to be clarifying section 2715 of the Public Health Services Act, which requires such disclosures from all health plans and health insurance issuers as part of the SBC.

The DC Health Benefit Exchange Executive Board voted on February 9, 2015 to have the marketplace make the certificate of coverage/evidence of coverage available to customers for 2016 health plans in addition to the health carriers making it available. While the SBC is a valuable consumer tool and provides key summary information about health coverage, we believe that our customers should have access to the full insurance certificate of coverage so that they are fully informed about the covered benefits, cost sharing, limitations on coverage, and exclusions. We support this clarification to ensure that DC Health Link customers have access to this important information.

Coverage Examples

We support the Departments' proposal to add a new coverage example, in addition to the Maternity and Type 2 Diabetes examples. Coverage examples can be a helpful tool for our customers. We agree that the simple fracture scenario proposed by the Departments could be helpful to District consumers.

In addition, we would support the inclusion of a new coverage example that addresses a higher cost



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scenario and demonstrates how additional categories of care work. For example, the current scenarios do not include any mental health or surgical components. We believe that a scenario that tested a wider range of benefits would be helpful for our customers to demonstrate how additional benefits may be covered.

Appearance of the SBC

We support the proposal to remove the Annual Limits disclosure on page 1 of the SBC template. We believe that this modification more closely reflects the plans that are available for sale in our Marketplace. However, we recommend that the SBC template retain the disclosure on page 1 on non-covered services so consumers are notified of possible coverage limitations at the beginning of the document. This section could be modified to permit plans and issuers to include information on applicable limits, including any annual limits that may still be permissible.

We recommend that the Departments retain the disclosures at the top of page 2 of the SBC, including the explanation of cost sharing concepts such as coinsurance, balance billing and allowed amounts. As the consumer testing conducted in coordination with the NAIC in 2011-2012 demonstrated, cost sharing concepts are complex and confusing. However, it is essential that consumers fully understand these concepts to make an informed plan selection. We believe that the clear explanations of these cost sharing concepts currently in the SBC template are essential to the decision making process.

Sincerely,



Mila Kofman
Executive Director
DC Health Benefit Exchange Authority