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To: [E-OHPSCA715.EBSA](#)
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To whom it may concern:

The regulations posted June 28 in the Federal Register involving lifetime and annual limit prohibitions under the Patient Protection and Affordable Care Act still leave several issues unclear or unresolved.

Specifically, are health issuers still allowed under the new law to have per benefit lifetime and annual limits? In other words, may a plan lift its annual global limit, but still impose a lifetime limit on individual "essential benefits?" Or, may a plan have individual annual dollar limits on essential benefits that are less than \$750,000 for plan years between Sept. 23, 2010 and Sept. 23, 2011? For example, may a plan set a \$10,000 annual pharmacy limit per member?

Also, are per visit limits allowed? For example, may a plan set a limit on the number of physical therapy visits allowed annually or on chiropractic visits?

Thank you kindly for any prompt clarification you can provide. Issuers are in the process now of designing plans and pricing for next year.

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