

**Supporting Statement – Part A**  
**Coverage of Certain Preventive Services Under the Affordable Care Act**  
**(CMS-10653/OMB Control Number: 0938-1344)**

**A. Background**

The Patient Protection and Affordable Care Act, Public Law 111-148, (the Affordable Care Act) was signed into law by President Obama on March 23, 2010 and amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, on March 30, 2010. The Affordable Care Act added section 2713 to the Public Health Service (PHS) Act and incorporated this provision into the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code (Code). The Departments of Health and Human Services (HHS), Labor, and the Treasury (the Departments) published interim final rules (2010 interim final rules) on July 19, 2010 (75 FR 41726) implementing section 2713 of the PHS Act. Section 2713 of the PHS Act and the 2010 interim final rules require non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance coverage to provide benefits for certain preventive services without cost sharing, including benefits for certain women’s preventive health services as provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).

On August 3, 2011, the Departments amended the 2010 interim final rules (76 FR 46621) (2011 interim final rule amendments) to provide HRSA with the authority to exempt group health plans established or maintained by religious employers (and group health insurance coverage provided in connection with such plans) from the requirement to cover contraceptive services consistent with the HRSA-Supported Guidelines. The 2011 interim final rule amendments specified a definition of religious employer. HRSA exercised its authority in the HRSA-Supported Guidelines to exempt plans established or maintained by certain religious employers (and group health insurance coverage provided in connection with such plans) from the requirement to cover contraceptive services.

Subsequent to the 2011 interim final rule amendments, the Departments published interim final and final rules amending the 2011 interim final rules and establishing new provisions implementing section 2713 of the PHS Act. Most recently, on October 13 2017, the Departments published two interim final rules “Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act” (82 FR 47792) and “Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act” (82 FR 47838) (together, 2017 interim final rules) that expand the exemption to include additional entities and persons that object based on sincerely held religious beliefs or moral convictions. With respect to employers, the expanded exemption in these rules covers employers that have sincerely held religious beliefs or moral convictions objecting to coverage of all or a subset of contraceptives or sterilization and related patient education and counseling as specified in the HRSA-Supported Guidelines. As in previous rules, institutions of higher education that arrange student health insurance

coverage are treated similar to the way employers are treated for the purposes of such plans being exempt. The 2017 interim final rules also exempt group health plans sponsored by an entity other than an employer (for example, a union) that object based on sincerely held religious beliefs or moral convictions to coverage of all or a subset of contraceptives or sterilization and related patient education and counseling. The 2017 interim final rules extend the exemption to group and individual market health insurance issuers, and to individuals, that hold sincerely held religious or moral objections in certain circumstances.

The 2017 interim final rules also left in place, from previous rulemaking, the accommodation process but made it an optional process that certain objecting entities may to use. Under that accommodation, for insured group health plans or student health insurance plans, the health insurance issuer providing group or student health insurance coverage in connection with the plan would be required to assume sole responsibility, independent of the eligible organization and its plan, for making separate payments for contraceptive services without cost sharing, premium, fee, or other charge to plan participants or beneficiaries (or such student enrollees and covered dependents) or to the eligible organization or its plan. For self-insured group health plans, the plan's third party administrator would either make such separate payments, or arrange for a health insurance issuer on the Federally-facilitated Exchange or State Exchange on the Federal platform to do so, with the payments being reimbursed through a reduction to the issuer's Exchange user fees. To avail itself of the accommodation, an objecting entity must either execute a self-certification form issued by HHS and the Department of Labor (EBSA Form 700) and provide it to the issuer or third party administrator, or submit a notification to HHS as an alternative to submitting EBSA Form 700 to the eligible organization's health insurance issuer or third party administrator. The third party administrator or issuer that is required to provide or arrange separate payments for contraceptive services must provide plan participants and beneficiaries (or such student enrollees and covered dependents) with written notice of the availability of separate payments for contraceptive services contemporaneous with (to the extent possible), but separate from, any application materials distributed in connection with enrollment (or re-enrollment) in group health coverage for each plan year to which the accommodation is to apply.

Eligible organizations can revoke, at any time, the accommodation if participants and beneficiaries receive written notice of such revocation from the issuer or third party administrator in accordance with guidance issued by the Secretary,<sup>1</sup> and if the accommodation process is currently being utilized, such revocation will be effective on the first day of the first plan year that begins on or after thirty days after the date of revocation. On November 15, 2018, the Departments published two final rules "Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act" (83 FR 57536) and "Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act" (83 FR 57592) that finalized the provisions of the 2017 interim final rules.

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<sup>1</sup> Guidance was issued on November 30, 2017, available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Notice-Issuer-Third-Party-Employer-Preventive.pdf>. See Appendix I.

On February 2, 2023 (88 FR 7236), the Departments published proposed rules (2023 proposed rules) that would eliminate the exemption and the availability of the optional accommodation for entities that object to contraceptive coverage based on non-religious moral beliefs while leaving in place the exemption for entities with sincerely held religious objections to providing contraceptive coverage, as well as the existing optional accommodations. These proposed rules would also eliminate the exemption for individuals based on non-religious moral beliefs. The proposed rules would establish a new individual contraceptive arrangement that individuals enrolled in health plans sponsored, arranged, or provided by objecting entities may use to access contraceptive services without any additional cost. Under the proposed rules, an eligible individual may voluntarily, and independent of any actions by the objecting entity, elect this individual contraceptive arrangement. A willing provider of contraceptive services would furnish contraceptive services to the eligible individual without imposing any fee or charge of any kind, directly or indirectly, on the eligible individual or any other entity for the cost of the items and services or any portion thereof, except that the provider of contraceptive services may seek reimbursement for the costs of providing these contraceptive services from a participating issuer as defined under 45 CFR 156.50<sup>2</sup> with whom the provider has a signed agreement. The issuer in turn would be able to receive a reduction equal to this amount (plus an administrative allowance for costs and margin) to the issuer's FFE or SBE-FP user fees pursuant to 45 CFR 156.50(d). Participation in an individual contraception arrangement would be entirely voluntary for the provider of contraceptive services and the issuer.

The 2023 proposed rules would also amend the model language for the written notice of the availability of separate payments for contraceptive services with respect to eligible organizations exercising the optional accommodation. The Departments propose to amend the language that refers to FDA-approved contraceptive services to refer to all FDA-approved, cleared, or granted contraceptives. This proposed change is consistent with the fact that FDA does not approve contraceptive "services," but rather contraceptive products, which may be approved, cleared, or granted, depending on the product type.

## **B. Justification**

### **1. Need and Legal Basis**

An entity seeking to be treated as an eligible organization may self-certify (by using EBSA Form 700), prior to the beginning of the first plan year to which an accommodation is to apply, that it meets the definition of an eligible organization. The self-certification must be executed by an authorized representative of the organization. The self-certification will not be submitted to any of the Departments. The organization must maintain the self-certification in its records in a manner consistent with ERISA section 107 and make it available for

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<sup>2</sup> 45 CFR 156.50 defines participating issuer as any issuer offering a plan that participates in the specific function that is funded by user fees. This term may include: health insurance issuers, QHP issuers, issuers of multi-State plans (as defined in § 155.1000(a) of this subchapter), issuers of stand-alone dental plans (as described in § 155.1065 of this subtitle), or other issuers identified by an Exchange.

examination upon request. The eligible organization must provide a copy of its self-certification to each health insurance issuer that would otherwise provide such coverage in connection with the health plan (for insured group health plans or student health insurance coverage). The issuer that receives the self-certification must provide for separate payments for contraceptive services for plan participants and beneficiaries (or student enrollees and their covered dependents). For a self-insured group health plan, the self-certification must be provided to the plan's third party administrator. An eligible organization may submit a notification to HHS as an alternative to submitting the EBSA Form 700 to the eligible organization's health insurance issuer or third party administrator.

A health insurance issuer or third party administrator providing or arranging payments for contraceptive services for participants and beneficiaries in plans (or for student enrollees and covered dependents in student health insurance coverage) of eligible organizations must provide a written notice to such plan participants and beneficiaries (or such student enrollees and covered dependents) informing them of the availability of such payments. The notice must be provided contemporaneous with (to the extent possible) but separate from any application materials distributed in connection with enrollment (or re-enrollment) in group or student health coverage that is effective on the first day of each applicable plan year, and must specify that contraceptive coverage will not be funded or administered by the eligible organization but that the issuer or third party administrator, as applicable, will separately arrange or provide payments for contraceptive services. The notice must also provide contact information for the issuer or third party administrator for questions and complaints. To satisfy the notice requirement, issuers and third party administrators may use the model language set forth in 2013 final rules or substantially similar language. The 2023 proposed rules propose to amend the model language for the written notice.

To the extent provided under the applicable regulations governing the accommodation, eligible organizations can revoke at any time the accommodation if participants, beneficiaries, and enrollees are provided written notice of such revocation by the issuer or third party administrator, and such revocation will be effective on the first day of the first plan year that begins on or after thirty days after the date of revocation.

The 2023 proposed rules would require individuals electing to use the individual contraceptive arrangement to confirm to a participating provider of contraceptive services that the individual is enrolled in a group health plan or group or individual health insurance coverage sponsored, provided, or arranged by an objecting entity that does not provide coverage for all or a subset of contraceptive services as generally required for non-objecting entities under 45 CFR 147.130(a)(1)(iv) and that has not elected to use the optional accommodation, to the extent eligible. The individual might make this confirmation by producing a summary of benefits, such as the summary of benefits and coverage (SBC) or through other methods, such as by providing an attestation, at the discretion of the provider.

## 2. Information Users

These information collection requirements (ICRs) include a self-certification that may be submitted to health insurance issuers and third party administrators and a model notice that may be submitted to HHS by eligible organizations. In addition, they include a notice of availability of separate payments for contraceptive services and a revocation notice to be sent to enrollees by health insurance issuers and third party administrators, should the accommodation rules in effect so provide.

Health insurance issuers and third party administrators will need the self-certification provided by entities seeking to be treated as eligible organizations, or the notification provided by HHS or the Department of Labor based on notification to HHS by the eligible organization, in order to make, or arrange for, separate payments for contraceptive services to participants and beneficiaries (or student enrollees and covered dependents) eligible for such coverage. The notice of availability of separate payments for contraceptive services sent by issuers and third party administrators will inform plan participants and beneficiaries (or student enrollees and covered dependents) of the availability of such payments. Should the accommodation rules in effect so provide, the revocation notices sent by issuers and third party administrators of organizations that no longer want to use the accommodation process will inform plan participants and beneficiaries (or student enrollees and covered dependents) that the separate payments for contraceptive services will no longer be available.

Providers participating in the individual contraceptive arrangement would need to confirm an individual's eligibility for the arrangement before providing contraceptive services without imposing any costs to the individual in order to be reimbursed by a participating issuer.

## 3. Use of Information Technology

The regulations do not limit the ability of affected eligible organizations to furnish the self-certification, notice to HHS or the revocation notice electronically.

## 4. Duplication of Efforts

There is no duplication of efforts for these ICRs.

## 5. Small Businesses

Some eligible organizations may be small entities. However, the administrative cost related to the self-certification or notification to HHS is low.

## 6. Less Frequent Collection

If eligible organizations do not provide the self-certification to issuers and third party administrators or notice to HHS, issuers and third party administrators will not be able to

make or arrange for separate payments for contraceptive services. If issuers and third party administrators do not send notices of the availability of separate payments for contraceptive services, plan participants and beneficiaries (or student enrollees and covered dependents) will not be aware that they have access to separate payments for contraceptive services without cost sharing. If eligible organizations seeking to revoke the accommodation do not send the revocation notices, plan participants and beneficiaries (or student enrollees and covered dependents) will not be aware that separate payments for contraceptive services will no longer be available. If eligible individuals do not confirm eligibility for participation in the individual contraceptive arrangement, participating providers would not be able to provide them with contraceptive services at no cost and have the provider's costs of furnishing contraceptive services reimbursed by an issuer that receives an adjustment to the issuer's FFE or SBE-FP user fees.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

A Notice of Proposed Rulemaking published on February 2, 2023 (88 FR 7236). The public solicitation for comments related to these information collections will be open for a period of 60 days.

9. Payments/Gifts to Respondents

No payments or gifts are associated with these data collections.

10. Confidentiality

Privacy of the information provided will be protected to the extent provided by law.

11. Sensitive Questions

These information collections involve no sensitive questions.

12. Burden Estimates (Hours & Wages)

Average labor costs (including a 100 percent increase for the cost of fringe benefits and other indirect costs) used to estimate the costs are calculated using data available from the Bureau of Labor Statistics (BLS).<sup>3</sup>

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<sup>3</sup> May 2021 National Occupational Employment and Wage Estimates United States found at [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm). To account for the cost of fringe benefits and other indirect costs, HHS is using 100% of the hourly labor wage for each specific BLS occupation code.

Table 1: Adjusted Hourly Wages Used in Burden Estimates

<b>Occupation Title</b>	<b>Occupational Code</b>	<b>Mean Hourly Wage (\$/hr.)</b>	<b>Cost of Fringe Benefits and Other Indirect Costs (\$/hr.)</b>	<b>Adjusted Hourly Wage (\$/hr.)</b>
Administrative Assistant	43-6014	\$19.75	\$19.75	\$39.50
Compensation and Benefits Manager	11-3111	\$67.05	\$67.05	\$134.10
General and Operations Manager	11-1021	\$55.41	\$55.41	\$110.82
Senior Executive	11-1011	\$102.41	\$102.41	\$204.82
Lawyer	23-1011	\$71.17	\$71.17	\$142.34
All Occupations	00-0000	\$28.01	\$28.01	\$56.02

Self-Certification or Notification to HHS

Each organization seeking to be treated as an eligible organization for purposes of the optional accommodation process and that chooses the self-certification method will self-certify, prior to the beginning of the first plan year to which an accommodation is to apply, that it meets the definition of an eligible organization and that it objects to providing contraceptive coverage on religious grounds. The self-certification must be executed by an authorized representative of the organization. The self-certification will not be submitted to any of the Departments. The organization must maintain the self-certification in its records in a manner consistent with ERISA section 107 and make it available for examination upon request. The eligible organization must provide a copy of its self-certification to a health insurance issuer that would otherwise provide such coverage in connection with the health plan for insured group health plans or student health insurance coverage, or to the third party administrator, in the case of self-insured group health plan coverage. The self-certification needs to be executed only once. A copy of the self-certification needs to be provided to a new health insurance issuer or third party administrator if the eligible organization changes issuers or third party administrators. Alternatively, each eligible organization may notify the Secretary of HHS that it meets the definition of an eligible organization and that it objects to providing contraceptive coverage on religious grounds.

The Departments estimate that approximately 9 entities would seek the voluntary accommodation for the first time and either self-certify or send a notification to HHS and 100 entities will continue the voluntary accommodation.

For each entity that chooses to opt into the accommodation process, HHS assumes that clerical staff will need 30 minutes (at \$39.50 per hour) to gather and enter the necessary information and send the self-certification to the issuer or third party administrator as appropriate, or send the notice to HHS, and keep records, a compensation and benefits manager will need 10 minutes (at \$134.10 per hour) and inside legal counsel will need 5

minutes (at \$142.34 per hour ) to review the self-certification or notice to HHS, and a senior executive will need 5 minutes (at \$204.82 per hour ) to execute it. Therefore, the total annual burden for preparing and providing the information in the self-certification or notice to HHS and recordkeeping will be approximately 50 minutes for each eligible organization with an equivalent cost burden of approximately \$71.<sup>4</sup>

The total hour burden will be approximately 7.5 hours with an equivalent cost of approximately \$639 for 9 entities. As HHS, the Department of Labor and the Department of the Treasury share jurisdiction, they will share the burden so HHS will account for 50 percent of the burden, or approximately 3.75 burden hours with an equivalent cost of approximately \$320. The Department of Labor and the Department of the Treasury will each account for 25 percent of the burden.

Table 2. Estimated Annualized Burden for Self-Certification or Notification to HHS

<b>Notice</b>	<b>Number of respondents</b>	<b>Estimated Number of Responses</b>	<b>Estimated Burden Hours per Respondent</b>	<b>Total Estimated Annual Burden Hours</b>	<b>Estimated Labor Cost Per Respondent</b>	<b>Total Estimated Annual Labor Cost</b>
Self-Certification or Notification to HHS	5	5	0.83	3.75	\$71.03	\$319.64

Notice of Availability of Separate Payments for Contraceptive Services

A health insurance issuer or third party administrator providing or arranging separate payments for contraceptive services for participants and beneficiaries in insured plans (or student enrollees and covered dependents in student health insurance coverage) of eligible organizations is required to provide a written notice to such plan participants and beneficiaries (or such student enrollees and covered dependents) informing them of the availability of such payments. The notice must be separate from but contemporaneous with (to the extent possible) any application materials distributed in connection with enrollment (or re-enrollment) in the coverage of the eligible organization in any plan year to which the accommodation is to apply and will be provided annually. To satisfy the notice requirement, issuers and third party administrators may use the model language set forth in 2013 final rules or substantially similar language. The 2023 proposed rules propose to amend the model language for the written notice.

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<sup>4</sup> For purposes of this analysis, HHS assumes that the same amount of time will be required to prepare the self-certification and the notice to HHS.

HHS anticipates that approximately 109 entities will use the optional accommodation (100 that used it previously, and 9 that will newly opt into it). It is unknown how many issuers or third party administrators provide health insurance coverage or services in connection with health plans of eligible organizations, but HHS will assume at least 109. For 109 entities, the total number of notices is estimated to be 1,190,613 (as explained below in section 13 (capital costs)). It is estimated that each issuer or third party administrator will need approximately 1 hour of clerical labor (at \$39.50 per hour) and 15 minutes of management review (at \$110.82 per hour) to prepare the notices. The total burden for each issuer or third party administrator to prepare notices will be 1.25 hours with an equivalent cost of approximately \$67. The total burden for all issuers or third party administrators will be 136.25 hours, with an equivalent cost of approximately \$7,325. As HHS, the Department of Labor and the Department of the Treasury share jurisdiction, they will share the burden so that HHS will account for 50 percent of the burden or approximately 68 burden hours with an equivalent cost of approximately \$3,663, with approximately 55 respondents. The Department of Labor and the Department of the Treasury will each account for 25 percent of the burden.

Table 3. Estimated Annualized Burden for Notice of Availability of Contraceptive Coverage

<b>Notice</b>	<b>Number of respondents</b>	<b>Estimated Number of Responses</b>	<b>Estimated Burden Hours per Respondent</b>	<b>Total Estimated Annual Burden Hours</b>	<b>Estimated Labor Cost Per Respondent</b>	<b>Total Estimated Annual Labor Cost</b>
Notice of Availability of Separate Payments for Contraceptive Services	55	595,307	1.25	68.13	\$67.21	\$3,662.67

#### Notice of Revocation of Accommodation

If the accommodation rules in effect so provide, an eligible organization may revoke its use of the accommodation process and its issuer or third party administrator must provide written notice of such revocation to participants and beneficiaries (or student enrollees and covered dependents). The Departments expect that entities that wished to do so have already sent the notice, and that no additional entities will avail themselves of, and subsequently revoke, use of the accommodation process. Therefore, no new entities are expected to incur this cost in the future.

#### Confirmation of Eligibility for the Individual Contraceptive Arrangement

The 2023 proposed rules would require that participating providers confirm an individual's

eligibility for the individual contraceptive arrangement. Individuals could confirm their eligibility for the individual contraceptive arrangement with their provider(s) of contraceptive services such as by providing a summary of benefits provided under the plan, or by providing an attestation. HHS proposes, in 45 CFR 147.131(d)(2), an example of language that could be used by participants, beneficiaries and enrollees or their authorized representatives to confirm eligibility.

The Departments estimate that at least 126,400 individuals would be eligible for the individual contraceptive arrangement and would need to confirm their eligibility, and that each eligible individual would need, on average, 5 minutes (at \$56.02 per hour) to do so. The total burden for all individuals to confirm their eligibility for the individual contraceptive arrangement to their provider(s) of contraceptive services would be approximately 10,533 hours with an equivalent cost of approximately \$590,077. The Departments consider these estimates to be a lower bound, as the total burden and costs would be higher if the number of eligible individuals that take part in the individual contraceptive arrangement is higher. As HHS, the Department of Labor and the Department of the Treasury share jurisdiction, HHS would account for 50 percent of the burden, or approximately 5,267 hours annually with an equivalent annual cost of \$295,039. The Department of Labor and the Department of the Treasury would each account for 25 percent of the burden.

Table 4. Estimated Annualized Burden for Confirmation of Eligibility

	<b>Estimated Number of Respondents</b>	<b>Estimated Number of Responses</b>	<b>Estimated Burden per Response (hours)</b>	<b>Estimated Total Annual Burden (hours)</b>	<b>Estimated Burden Labor Cost Per Respondent</b>	<b>Estimated Total Annual Labor Cost</b>
Confirmation of Eligibility for Individual Contraceptive Arrangement	63,200	63,200	0.08	5,267	\$4.67	\$295,039

### 13. Capital Costs

#### Self-Certification or Notification to HHS

HHS estimates that each self-certification or notice sent via mail to HHS will require \$0.60 in postage and \$0.05 in materials cost (paper and ink) and the total postage and materials cost for each self-certification or notice sent via mail will be \$0.65. For purposes of this analysis, HHS assumes that 50 percent of self-certifications or notices to HHS will be mailed. The estimated total cost for sending the self-certifications or notices to HHS by mail is approximately \$3 for 5 entities. As HHS, the Department of Labor and the Department of the Treasury share

jurisdiction they will share the cost burden so that HHS will account for 50 percent of the cost burden, or approximately \$1.60. The Department of Labor and the Department of the Treasury will each account for 25 percent of cost burden.

#### Notice of Availability of Separate Payments for Contraceptive Services

In the 2018 final rules, the Departments estimated that 2,376,000 persons will be covered in the plans of the 100 entities that previously used the accommodation and will continue doing so, and the additional 9 entities that will newly opt into the accommodation.<sup>5</sup> The Departments assume that sending one notice to each employee or student will satisfy the need to send the notices to all plan participants and beneficiaries (and student enrollees and covered dependents). Among persons covered by plans, it is estimated that approximately 50.1% are employees or students and 49.9% are beneficiaries or dependents.<sup>6</sup> For 109 entities, the total number of notices is estimated to be 1,190,613. For purposes of this analysis, the Departments also assume that 53.7 percent of notices will be sent electronically.<sup>7</sup> Therefore, approximately 551,254 notices will be mailed. HHS estimates that each notice will require \$0.60 in postage and \$0.05 in materials cost (paper and ink) and the total postage and materials cost for each notice sent via mail will be \$0.65. The total cost for sending approximately 551,254 notices by mail is approximately \$358,315. As HHS, the Department of Labor and the Department of the Treasury share jurisdiction, they will share the cost burden so that HHS will account for 50 percent of the cost burden, or approximately \$179,158. The Department of Labor and the Department of the Treasury will each account for 25 percent of the cost burden.

#### 14. Cost to Federal Government

The analysis and preparation of the PRA package and the subsequent release of documents is performed by a CMS employee. Based on the OPM 2023 General Schedule Locality Pay Tables, the average salary of the employee who would be completing this task, which includes the locality pay adjustment for the area of Washington-Baltimore-Arlington, is \$69.77 per hour for a GS-13, step 10 employee. We estimate that on average it takes a CMS employee 20 hours to perform these activities and the triennial cost to the Federal government will therefore be \$1,395.40.

#### 15, Changes to Burden

Burden has increased by 5,267 hours, from 72 to 5,339 hours, due to the new data collection related to confirmation of eligibility for the individual contraceptive arrangement being proposed in the 2023 Preventative Services rule.

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<sup>5</sup> 83 FR 57583

<sup>6</sup> “Health Insurance Coverage Bulletin” Table 4, page 21. Using March 2015 Annual Social and Economic Supplement to the Current Population Survey. <https://www.dol.gov/sites/default/files/ebsa/researchers/data/healthand-welfare/health-insurance-coverage-bulletin-2015.pdf>.

<sup>7</sup> According to data from the National Telecommunications and Information Agency (NTIA), 36.0 percent of individuals age 25 and over have access to the internet at work. According to a Greenwald & Associates survey, 84 percent of plan participants find it acceptable to make electronic delivery the default option, which is used as the proxy for the number of participants who will not opt out that are automatically enrolled (for a total of 30.2 percent receiving electronic disclosure at work). Additionally, the NTIA reports that 38.5 percent of individuals age 25 and over have access to the internet outside of work. According to a Pew Research Center survey, 61 percent of internet users use online banking, which is used as the proxy for the number of internet users who will opt in for electronic disclosure (for a total of 23.5 percent receiving electronic disclosure outside of work). Combining the 30.2 percent who receive electronic disclosure at work with the 23.5 percent who receive electronic disclosure outside of work produces a total of 53.7 percent who will receive electronic disclosure overall.

16. Publication/Tabulation Dates

There are no plans to publish the outcome of the data collection.

17. Expiration Date

The expiration date will be displayed on the first page of each instrument (top, right-hand corner).