



CLIENT BULLETIN

SBC Final Regulations, Guidance and Templates Issued

Delayed Compliance Date

Plan Years Beginning on or After September 23, 2012

The Departments of the Treasury, Labor and Health and Human Services released a pre-publication version of the final regulations, guidance and templates for the new Summary of Benefits and Coverage (SBC) required under the *Affordable Care Act (ACA)*. The regulation is scheduled to be published in the *Federal Register* on February 14, 2012. The *Preamble* discussion of the regulations is available by "[clicking here](#)"; a copy of just the *ERISA* regulations is available by "[clicking here](#)."

The SBC regulation has a delayed compliance date of the first Plan Year beginning on or after September 23, 2012.

For calendar year plans, that effective date means the first SBC must be distributed by January 1, 2013. The few health plans that have Plan Year start dates of October, November or December 1 will need to be compliant by October, November or December 1, 2012, respectively. The regulations require distribution of an SBC on the following dates:

- **Initial Distribution** – 1st Plan Year beginning on or after 9/23/2012;
- **Special Enrollment** – within 90 days of enrollment;
- **Renewals** – *If the plan requires renewal* to maintain coverage and if renewal is automatic, then no later than 30 days prior to the 1st day of the new Plan Year;
- **60 days Prior To Material Modifications** – Generally, notice of any material modification in any of the terms of the Plan that would affect the content of the SBC must be given not later than 60 days prior to the date on which the modification will become effective; and
- **On request** – no event later than seven business days following receipt of the request.

The pre-publication version of the regulation is 150 pages long. At this time, we are just reporting on the release of the documents and will follow-up with a more detailed analysis. However, we would note that according to the *Preamble*, “*these final regulations eliminate the requirement to include premium or cost of coverage information in the SBC.*”

This is welcome news for multiemployer health plans as the concept of “*premium*” has little meaning as most multiemployer health plans are self-funded, not insured, and cover the participant and family, at no additional charge.

The documents may be accessed at either <http://www.dol.gov/ebsa/healthreform/> or <http://cciio.cms.gov/resources/other/index.html#sbcug>. However, only the CCIIO site has the Excel documents with diabetes and maternity examples and narratives. The direct links to the CCIIO website are as follows:

Forms:

- [Summary of Benefits and Coverage \(SBC\) Template \(Microsoft Word\)](#)
- [Summary of Benefits and Coverage \(SBC\) Template \(PDF\)](#)
- [Uniform Glossary](#)

Instructions/Guidance:

- [Sample Completed SBC \(Microsoft Word\)](#)
- [Sample Completed SBC \(PDF\)](#)
- [Instructions for Completing the SBC – Group Health Plan Coverage \(most multiemployer plans\)](#)
- [Instructions for Completing the SBC – Individual Health Insurance Coverage](#)
- [Why This Matters language for SBC "Yes" Answers](#)
- [Why This Matters language for SBC "No" Answers](#)
- [Guide for Coverage Examples Calculations – Maternity Scenario](#)
- [Guide for Coverage Examples Calculations – Diabetes Scenario](#)
- [Narratives for Maternity Scenarios](#)
- [Narrative for Diabetes Scenarios](#)
- [RBIS IFP Benefits Template Addition](#)

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