

BENEFIT NEWS BRIEFS

DOL Releases Updated CHIP Notice and FAQ about Affordable Care Act Implementation Part X

In [Benefit News Briefs 2009-23](#), we discussed the changes made by the *Children's Health Insurance Program (CHIP) Reauthorization Act of 2009*, which amended, among other things, *ERISA* to add a 60-day special enrollment period to group health plans. The law also included notice requirements. See [Benefit News Briefs 2010-11](#) for more information. A 2010 DOL [Notice](#) also gives a more detailed explanation of the CHIP special enrollment Notice requirement.

The CHIP Model Notice for Employers Regarding Premium Assistance (Model Notice) is for employers to inform employees of potential opportunities currently available in the State in which the employee resides for group health plan premium assistance under Medicaid and CHIP. The Model Notice is available at: <http://www.dol.gov/ebsa/chipmodelnotice.doc> or by "clicking on" one of the following:

- [English](#) (Word)
- [English](#) (PDF)
- [Spanish](#) (Word)

The law speaks in terms of "employers" sending the Model Notice, unlike most other notice requirements under *ERISA* which fall on the group health plan. Generally, under *ERISA*, the plan (and not individual employers) sends out any required notices. In discussions, DOL staff concurred that although the statute requires the Model Notice to be distributed by employers, it does not preclude the multiemployer group health plan from working with employers. The plan could provide copies of the Model Notice to participating employers or take other good-faith measures to ensure each employee of a contributing employer receives a Model Notice. Just having the multiemployer health plan add the Model Notice to a mailing that contains other plan materials could leave employees who have not yet obtained eligibility under the health plan without a Model Notice.

FAQ about Affordable Care Act (ACA) Implementation Part X

The DOL also released FAQ Part X under the ACA. The FAQ states that sponsors of group health plans that are Medicare Advantage plans that include a benefit package are not required to provide an SBC for the Medicare Advantage package. The FAQ is available at: <http://www.dol.gov/ebsa/pdf/faq-aca10.pdf>.

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