



# TIMELINE OF BENEFIT NOTICES GROUP HEALTH PLANS

## HR COMPLIANCE CENTER



Edition: May 2015

**Practical benefit notices calendar to stay up to date on compliance requirements.**

# HR COMPLIANCE CENTER

## TIMELINE OF HEALTH PLAN BENEFIT NOTICES

Due Date	Benefit Notice	Explanation	To Whom Notice Given
<b>NOTICE DUE UPON HIRE</b>			
No later than 14 days after the employee's hire date	<b>Notice Regarding Availability of Health Insurance Marketplace Coverage Options (aka Employer Exchange Notice)</b>	<p>Informs employee of the existence of the Marketplace (Exchange), its services, and how to contact the Marketplace for assistance</p> <p><a href="#">Model Notice</a> for employers who offer a health plan to some or all employees</p> <p><a href="#">Model Notice</a> for employers who do not offer a health plan</p> <p>For more information, see <a href="#">Technical Release 2013-02</a></p>	All new employees
<b>NOTICES DUE BY A CERTAIN DATE</b>			
<p>Prior to October 15 each year</p> <p>Prior to an individual's initial enrollment period for Part D</p> <p>Prior to the date of enrolling in the employer's plan and upon any change that affects whether the coverage is "creditable"</p>	<b>Medicare Part D – Notice of Creditable (or Non-Creditable) Coverage Disclosure Notice</b>	<p>Informs Medicare-eligible participants as to whether the group plan's prescription drug coverage is creditable</p> <p>For model notices and instructions, see <a href="#">Creditable Coverage Model Notice Letters</a> and <a href="#">Creditable Coverage</a></p>	Medicare-eligible plan participants (e.g., employees, dependents, COBRA enrollees, and retirees participating in employer's group health plan)
<p>Generally within 9 months after the end of each plan year</p> <p><i>ERISA plans only</i></p>	<b>Summary Annual Report</b>	Summary of the plan's Form 5500 report, if any	Plan participants and beneficiaries

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Due Date	Benefit Notice	Explanation	To Whom Notice Given
<b>NOTICES DUE WHEN ENROLLMENT IS OFFERED</b>			
<p>With enrollment materials and upon renewal of coverage</p> <p>Within 90 days of special enrollment</p> <p>No later than 7 business days following request</p>	<p><b>Summary of Benefits and Coverage (SBC) and Uniform Glossary</b></p>	<p>A short, easy-to-understand summary of the plan's benefits and coverage, and a uniform glossary of standard terms.</p> <p>For more information, see section on <a href="#">Summary of Benefits and Uniform Glossary</a></p>	<p>Persons eligible to enroll</p>
<p>At or before each enrollment period</p>	<p><b>Notice of Special Enrollment Rights</b></p>	<p>Describes the plan's special enrollment rules</p>	<p>Persons eligible to enroll</p>
<p>With any materials describing the plan's benefits</p> <p><i>Grandfathered plans only</i></p>	<p><b>Disclosure of Grandfathered Plan Status</b></p>	<p>Statement that the plan is grandfathered and contact information</p>	<p>Persons eligible to enroll</p>
<p>At enrollment and annually</p>	<p><b>Women's Health and Cancer Rights Act (WHCRA) Notices</b></p>	<p>Describes required plan benefits for mastectomy-related services</p>	<p>Persons eligible to enroll</p>
<p>At enrollment and annually</p>	<p><b>Employer CHIP Notice</b></p>	<p><a href="#">Provides information about possible premium assistance under a state's Medicaid or Children's Health Insurance Program</a></p>	<p>All employees</p>

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<b>NOTICES DUE WHEN ENROLLMENT IS MADE</b>			
Upon enrollment in the plan  (Also provide notice, or reminder that notice is available, at least once every 3 years)	<b>HIPAA Notice of Privacy Practices for Protected Health Information</b>	Describes ways that the plan may use and disclose individual protected health information, employee's rights, and the plan's duties to protect that information	Plan participants and beneficiaries
Within 90 days after health coverage begins	<b>General Notice of COBRA Rights</b>	Explains right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event	Plan participants and beneficiaries
With materials describing the terms of a wellness program	<b>Wellness Program Disclosure</b>	Describes terms of a health-contingent wellness program	Eligible participants
Within 30 days of participant's written request  <i>ERISA plans only</i>	<b>Plan Document</b>	Documents, including latest updated SPD, contracts and other instruments, under which the plan is established and operated	Plan participant or beneficiary making the request
Within 90 days of becoming covered  <i>ERISA plans only</i>	<b>Summary Plan Description (SPD)</b>	Describes the plan and how it operates and explains the participant's rights and responsibilities under ERISA	Plan participants and beneficiaries
When participants receive an SPD or other benefits summaries  <i>Non-grandfathered plans</i>	<b>Notice of Patient Protections</b>  May include in SPD	Describes plan's patient protection provisions, e.g., designation of a primary care provider, OB/GYN care without prior authorization	Plan participants and beneficiaries

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Due Date	Benefit Notice	Explanation	To Whom Notice Given
<b>NOTICES DUE UPON CERTAIN EVENTS (in connection with plan changes)</b>			
No later than 60 days before change affecting SBC content	<b>Notice of Modification (of SBC)</b>	Advance notice of material changes in the plan that affect the content of the SBC	Plan participants and beneficiaries
Within 60 days of adoption of material reduction in group health benefits or services  <i>ERISA plans only</i>	<b>Summary of Material Reduction (SMR)</b>  (Updated SPD can be provided in lieu of SMR)	Describes changes in group health benefits or services that constitute a material reduction and changes in the SPD's content	Plan participants and beneficiaries
Within 210 days after the end of the plan year in which the material modification is adopted  <i>ERISA plans only</i>	<b>Summary of Material Modification (SMM)</b>  (Updated SPD can be provided in lieu of SMM)	Describes material modifications to a plan and changes in the SPD's content	Plan participants and beneficiaries
<b>NOTICES DUE UPON CERTAIN EVENTS (in connection with coverage changes)</b>			
At least 30 days before rescission of coverage	<b>Notice of Rescission of Coverage</b>	Advance written notice of rescission (which may be retroactive), including date of, and reason for, rescission	Affected participants and beneficiaries
Upon request for certification of student status  <i>For plans offering coverage for students age 26 and older</i>	<b>Michelle's Law Enrollment Notice</b>	Describes child's right to continue coverage during medically necessary leave of absence from postsecondary educational institution	Plan participants

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<b>NOTICES DUE UPON CERTAIN EVENTS (in connection with federal COBRA)</b>			
Within 30 days of a covered dependent losing coverage (e.g., due to divorce, child attaining limiting age)	<b>Notice of Qualifying Event</b>	Notice of covered dependent's loss of eligibility if a qualifying event that triggers COBRA	Plan administrator
Within 14 days after receiving notice of COBRA qualifying event or within 44 days of the qualifying event if the employer is also the plan administrator	<b>COBRA Election Notice</b>	<b>Describes right to COBRA continuation coverage, along with election form and cost information</b>	Qualified beneficiaries
Within 14 days after receiving notice of a qualifying event	<b>Notice of Unavailability of COBRA Coverage</b>	Notice that the individual is not entitled to COBRA with reasons for denial	Individuals not qualified for COBRA
No less than 30 days after COBRA payment deficiency	<b>Notice of Underpayment of COBRA Premium</b>	Used when COBRA participant makes a timely but incorrect amount of payment for the COBRA premium	Participant making the underpayment
As soon as practicable following determination that COBRA will terminate	<b>Notice of Early Termination of COBRA Coverage</b>	Provides notice that COBRA will terminate earlier than the maximum period of coverage, including date of, and reason for, termination as well as alternative coverage options	Qualified beneficiaries whose COBRA will terminate earlier than the maximum period of coverage

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Due Date	Benefit Notice	Explanation	To Whom Notice Given
<b>NOTICES DUE UPON CERTAIN EVENTS (other)</b>			
Varies, depending on the type of benefit claim involved	<b>Notice of Benefit Determination (Claim Notice or “Explanation of Benefits”)</b>	Information regarding benefit claim determinations  Additional information based upon adverse decisions and/or appeals	Claimants
Promptly upon receipt of the medical child support order	<b>Medical Child Support Order (MCSO) Notice</b>	Notification regarding receipt of a support order and description of the plan’s procedures for determining its qualified status	Participants, any child named in the order and the child’s representative
No later than 20 days of the date of the notice, send Part A to the state agency or Part B to the plan administrator  Must also notify affected persons of receipt as soon as is practicable  Plan administrators must complete and return Part B to the state agency and affected persons within 40 business days	<b>National Medical Support (NMS) Notice</b>	<b>Notice used by state child support enforcement agencies directing the employer’s plan to enroll the child</b>	State agencies, employers, plan administrators, participants, custodial parents, child representatives
Upon request	<b>Mental Health Parity &amp; Addition Equity Act Disclosure</b>	<b>Describes criteria for determining medical necessity for mental health or substance use disorder benefits</b>	Current or potential participants, beneficiaries, or contracting healthcare providers

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<b>NOTICE DUE UPON CERTAIN EVENTS (other)</b>			
<p>For Affected Individuals: No later than 60 calendar days after discovery of breach</p> <p>For Annual Report: If breach affects fewer than 500 individuals, no later than 60 days after the end of the calendar year in which the breaches occurred. If breach affects more than 500 individuals, no later than 60 calendar days after discovery</p>	<p><b>HIPAA Notice of Breach of Unsecured Protected Health Information</b></p>	<p>Provides information related to the discovery of a breach of unsecured protected health information with steps individuals should take to protect themselves and what the administrator is doing to fix the situation</p>	<p>Affected individuals, U.S. Department of Health and Human Services (and media outlets for large breaches affecting more than 500 residents of a state or jurisdiction)</p>

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