

Publications

Agencies Issue Summary of Benefits Proposed Regulation Under PPACA

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On August 22, 2011, the Departments of Health and Human Services, Labor, and Treasury published a proposed rule under the Patient Protection and Affordable Care Act (PPACA) that requires group health plans and health insurance issuers providing group or individual coverage to provide applicants and enrollees with a uniform Summary of Benefits and Coverage. 76 Fed. Reg. 52442 (Aug. 22, 2011). The proposed rule requires plans to deliver a 4-page (front and back) document that describes the benefits under the plan, in addition to the SPD or certificate of coverage plans or insurers already provide. The proposed rule also requires plans to provide a uniform glossary to participants. 76 Fed. Reg. 52475 (Aug. 22, 2011).

This is a significant new disclosure rule that applies to insured and self-funded ERISA group health plans, including grandfathered plans, as well as to non-ERISA group health plans. The new rules also apply to individual health insurance coverage.

Even though the rule is in proposed form, plans should start paying attention now. The effective date of the summary of benefits and coverage requirement has not been extended, and there may not be very much lead time to draft these documents once final rules are issued. Plans should be aware of the content of this new summary of benefits requirement so they can hit the ground running. Please see the attached memo for further information.

Comments are due October 21, 2011. The requirement is effective March 23, 2012.

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