



2023

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICE DUE UPON HIRE			
No later than 14 days after the employee's hire date	Notice Regarding Availability of Health Insurance Marketplace Coverage Options (aka Employer Exchange Notice)	<p>Informs employee of the existence of the Marketplace (Exchange), its services, and how to contact the Marketplace for assistance</p> <p>Model Notice</p>	All new employees
NOTICES DUE BY A CERTAIN DATE			
<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>	Medicare Part D - Notice of Creditable (or Non-Creditable) Coverage Disclosure Notice	<p>Informs Medicare-eligible participants as to whether the group plan's prescription drug coverage is creditable</p> <p>Model Notice creditable coverage</p> <p>Model Notice non-creditable coverage</p>	Medicare-eligible plan participants (e.g., employees, dependents, COBRA enrollees, and retirees participating in employer's group health plan)
<p>Generally within 7 months after the end of each plan year.</p> <p>ERISA plans only</p>	Summary Annual Report	Summary of the plan's Form 5500 report, if any	Plan participants and beneficiaries

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICES DUE WHEN ENROLLMENT IS OFFERED			
<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>Summary of Benefits and Coverage (SBC) and Uniform Glossary</p>	<p>A short, easy-to-understand summary of the plan's benefits and coverage, and a uniform glossary of standard terms.</p>	<p>Persons eligible to enroll</p>
<p>At or before each enrollment period</p>	<p>Notice of Special Enrollment Rights</p>	<p>Describes the plan's special enrollment rules</p> <p>Model Notice</p>	<p>Persons eligible to enroll</p>
<p>With any materials describing the plan's benefits.</p> <p>Grandfathered plans only</p>	<p>Disclosure of Grandfathered Plan Status</p>	<p>Statement that the plan is grandfathered and contact information</p> <p>Model Notice</p>	<p>Persons eligible to enroll</p>
<p>At enrollment and annually</p>	<p>Women's Health and Cancer Rights Act (WHCRA) Notices</p>	<p>Describes required plan benefits for mastectomy-related services</p> <p>Model Notice</p>	<p>Persons eligible to enroll</p>
<p>At enrollment and annually</p>	<p>Employer CHIP Notice</p>	<p>Provides information about possible premium assistance under a state's Medicaid or Children's Health Insurance Program</p> <p>Model Notice</p>	<p>All eligible employees</p>

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICES DUE WHEN ENROLLMENT IS MADE			
<p>Upon enrollment in the plan.</p> <p>(Also provide notice, or reminder that notice is available, at least once every 3 years)</p>	<p>HIPAA Notice of Privacy Practices for Protected Health Information</p>	<p>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</p> <p>Model Notices</p>	<p>Plan participants and beneficiaries</p>
<p>Within 90 days after health coverage begins</p>	<p>General Notice of COBRA Rights</p>	<p>Explains right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event</p> <p>Model General Notice</p>	<p>Plan participants and beneficiaries</p>
<p>With materials describing the terms of a wellness program</p>	<p>Wellness Program Disclosure</p>	<p>One or two notices may be required depending on the wellness program's features:</p> <ul style="list-style-type: none"> ■ HIPAA notice is required for a health-contingent wellness program that is subject to the alternative standard rule. ■ EEOC notice is required if the wellness program collects participant health information, e.g., health risk assessments, biometric screenings. 	<p>Eligible participants</p>

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICES DUE WHEN ENROLLMENT IS MADE			
<p>Within 30 days of participant's written request.</p> <p>ERISA plans only</p>	<p>Plan Document</p>	<p>Documents, including latest updated SPD, contracts and other instruments, under which the plan is established and operated</p>	<p>Plan participant or beneficiary making the request</p>
<p>Within 90 days of becoming covered.</p> <p>ERISA plans only</p>	<p>Summary Plan Description (SPD)</p>	<p>Describes the plan and how it operates and explains the participant's rights and responsibilities under ERISA</p>	<p>Plan participants and beneficiaries</p>
<p>When participants receive an SPD or other benefits summaries.</p> <p>Nongrandfathered plans</p>	<p>Notice of Patient Protections</p> <p>May include in SPD</p>	<p>Describes plan's patient protection provisions, e.g., designation of a primary care provider, OB/GYN care without prior authorization</p>	<p>Plan participants and beneficiaries</p>
NOTICES DUE UPON CERTAIN EVENTS (in connection with plan changes)			
<p>No later than 60 days before change affecting SBC content</p>	<p>Notice of Modification (of SBC)</p>	<p>Advance notice of material changes in the plan that affect the content of the SBC</p>	<p>Plan participants and beneficiaries</p>
<p>Within 60 days of adoption of material reduction in group health benefits or services.</p> <p>ERISA plans only</p>	<p>Summary of Material Reduction (SMR)</p> <p>(Updated SPD can be provided in lieu of SMR)</p>	<p>Describes changes in group health benefits or services that constitute a material reduction and changes in the SPD's content</p>	<p>Plan participants and beneficiaries</p>

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICES DUE UPON CERTAIN EVENTS (in connection with plan changes)			
<p>Within 210 days after the end of the plan year in which the material modification is adopted.</p> <p>ERISA plans only</p>	<p>Summary of Material Modification (SMM)</p> <p>(Updated SPD can be provided in lieu of SMM)</p>	<p>Describes material modifications to a plan and changes in the SPD's content</p>	<p>Plan participants and beneficiaries</p>
<p>At least 30 days before rescission of coverage</p>	<p>Notice of Rescission of Coverage</p>	<p>Advance written notice of rescission (which may be retroactive), including date of, and reason for, rescission</p>	<p>Affected participants and beneficiaries</p>
<p>Upon request for certification of student status.</p> <p>For plans offering coverage for students age 26 and older</p>	<p>Michelle's Law Enrollment Notice</p>	<p>Describes child's right to continue coverage during medically necessary leave of absence from postsecondary educational institution</p>	<p>Plan participants</p>
NOTICES DUE UPON CERTAIN EVENTS (in connection with federal COBRA)			
<p>Within 30 days of a covered dependent losing coverage (e.g., due to divorce, child attaining limiting age)</p>	<p>Notice of Qualifying Event</p>	<p>Notice of covered dependent's loss of eligibility if a qualifying event that triggers COBRA</p>	<p>Plan administrator</p>
<p>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</p>	<p>COBRA Election Notice</p>	<p>Describes right to COBRA continuation coverage, along with election form and cost information</p> <p>Model Election Notice</p>	<p>Qualified beneficiaries</p>

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICES DUE UPON CERTAIN EVENTS (in connection with federal COBRA)			
Within 14 days after receiving notice of a qualifying event	Notice of Unavailability of COBRA Coverage	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	Notice of Underpayment of COBRA Premium	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	Notice of Early Termination of COBRA Coverage	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
NOTICES DUE UPON CERTAIN EVENTS (other)			
Varies, depending on the type of benefit claim involved	Notice of Benefit Determination (Claim Notice or "Explanation of Benefits")	Information regarding benefit claim determinations Additional information based upon adverse decisions and/or appeals	Claimants
Promptly upon receipt of the medical child support order	Medical Child Support Order (MCSO) Notice	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

Timeline of Health Plan Benefit Notices

Due Date	Benefit Notice	Explanation	To Whom Notice is Given
NOTICES DUE UPON CERTAIN EVENTS (other)			
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	National Medical Support (NMS) Notice	Notice used by state child support enforcement agencies directing the employer's plan to enroll the child	State agencies, employers, plan administrators, participants, custodial parents, child representatives
Upon request	Mental Health Parity & Addiction Equity Act Disclosure	Describes criteria for determining medical necessity for mental health or substance use disorder benefits	Current or potential participants, beneficiaries, or contracting healthcare providers
For Affected Individuals: No later than 60 calendar days after discovery of breach. 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	HIPAA Notice of Breach of Unsecured Protected Health Information	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	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)

*Information in this document is general in nature and not intended to replace legal advice in any particular manner.

Contact Us With Any Questions. We are Here to Help.

Jennifer Flynn | jennifer@jflynninsurance.com | (631) 910 4256