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Summary of Benefits and Coverage (SBC) for large group medical plans

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We're here to help

Delivery times of SBCs

Our SBC tools are easy to use. Our overall quality and timeliness of SBCs meet Affordable Care Act (ACA) requirements.

What employers must do

Insured plans: We'll produce SBCs for plans at no additional cost. You're responsible for the distribution of the SBCs to applicants and plan participants within the time frames required by the health care reform law.

Self-funded plans: You're responsible for the production and distribution of SBCs to your applicants and plan participants. But we're here to help:

- If you produce your own SBCs, we'll review or provide information for your benefits at no charge.
- If you'd like us to produce the SBCs, we'll handle the document generation based on your benefits information.
  - We'll review a draft of the SBC for accuracy, completeness and compliance before forwarding to you for approval.
  - We may pass on a portion of this expense to you. You can contact us for more information on charges for SBC support.
  - We'll give you SBCs in an editable format. This will make it easier for you to customize.

Here's how you can help us

Provide final benefits at least four weeks before you need your SBCs.

For example, if open enrollment begins October 30, and you need all documents by September 15, give us final benefits decisions by August 19 (or closest business day).

For insured plans, we must report to the government when each customer receives its SBC to demonstrate compliance with the regulatory triggers and time frames.

SBC form recap

The SBC gives details about a plan's benefits in plain language. This helps applicants and participants make informed purchasing, enrollment and coverage decisions. All customers and insurers must use the SBC format set in the final regulations. For full details, you can go to **www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/Summary-of-Benefits-and-Coverage-and-Uniform-Glossary.html**.

The regulation applies to:

- Self-funded and insured medical plans
- Individual plans
- Limited benefits plans
- Student health insurance
- Expatriate plans (U.S.-based benefits only)
- Some other plan types (for example, health reimbursement arrangements, pharmacy)

The regulation does not apply to:

- Health savings accounts (HSAs)
- Stand-alone dental and vision
- Flexible spending accounts (FSAs)
- Certified retiree-only plans

The required SBC document is four pages, double-sided.

It includes:

- Basic benefits and coverage information
- Cost-sharing requirements plus exclusions and limitations
- Coverage examples such as having a baby, type 2 diabetes and fracture care
- Information on how to access a uniform glossary with definitions of health coverage and medical terminology used in the SBC

The law also requires that customers and insurers make the SBC available upon request in certain languages. We've included a list of the top languages with the SBC.

We'll provide translations services to members who request them, at no charge.

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Meeting required SBC delivery triggers and time frames

SBC trigger events tell us when we must deliver SBCs to employers and members. Triggers vary based on the plan, group size and funding type. Visit our **Health Reform Connection website** to learn more about triggers, regulatory time frames for distribution and steps to take to be compliant. You'll also find links to brochures and frequently asked questions to help answer any questions you have about the SBC and other requirements of the ACA.

Trigger events include:

- Application (new business)
- Open enrollment and renewals
- New eligible members (new hires)
- Special enrollment period (for those subject to Health Insurance Portability and Accountability Act [HIPAA] Special Enrollment)
- Requests for summary information about a health insurance product or SBC
- Material modifications, as defined by the Employee Retirement Income Security Act (ERISA)

There are other requirements related to the SBC, including language assistance and delivery (electronic versus paper documents). For more information or the full set of SBC regulations, visit **https://www.dol.gov/agencies/ebsa**.

Penalties for noncompliance

Both plan sponsors and carriers could face serious fines and penalties for not complying with the SBC regulations. Willful failure to comply could result in a fine of up to $1,000 per plan participant or beneficiary for each incident. We must work together to provide individuals with timely access to these documents.

There are also separate penalties that may apply that aren't specific to the SBC. These can be imposed for failure to comply with certain federal requirements.

View SBC templates online

- **View the SBC template.**
- **View the template populated with benefits.**

Questions? Just call us.

We'll continue to work with you to find the best ways to meet the requirements of the ACA. We remain committed to our vision for a health care system that helps all Americans have access to affordable, quality care.

For more information on health care reform, visit **www.aetna.com/health-care-reform.html**.

This material is for general information only and does not constitute legal advice.

The information provided is a high-level overview related to the Summary of Benefits and Coverage requirement pursuant to the Affordable Care Act and should not be considered legal or compliance advice. This document does not represent a comprehensive view of the requirements. This information is believed to be accurate as of the production date; however, it is subject to change. For more information on the regulation and guidance, go to **https://www.dol.gov/agencies/ebsa**. For more information about Aetna plans, refer to **www.aetna.com**.

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