



Give the enclosed Summary of Benefits and Coverage documents to your plan participants and beneficiaries

Enclosed are your Summary of Benefits and Coverage (SBC) documents for your plans. The SBC is a requirement of the Affordable Care Act (ACA). Your SBC has been created using ACAs current document requirements. As a plan sponsor, it is your responsibility to review and to distribute SBC materials (electronic or printed) to your employees.

New SBC Template

For applicable plans and policies with effective dates of January 1, 2014, and later, the SBC must include statements about whether the plan or coverage provides minimum essential coverage (MEC) and if the coverage meets minimum value (MV) requirements. Under ACA the MV and MEC determinations are the employer's shared responsibility.

What we will do for you

We'll include the MV and MEC statements in SBCs for plans with effective dates of January 1, 2014, and later. However, **we will not make the final MV or MEC determinations**. We'll review the MV standard for the plan(s) based on the MV calculator criteria provided by the Department of Health and Human Services (HHS). Our review **estimates** whether the plan(s) meet or do not meet the MV standard. We're not assuming any responsibility or liability regarding this MV evaluation, and the final decision remains with you as the employer.

Your third-party pharmacy and behavioral health benefits

As of January 1, 2014 your SBC can include third party benefits. Pharmacy and behavioral health benefits covered by a third party can be added to your SBCs. Simply send us accurate and timely vendor details so we can include it on the SBC. If we don't get your information in time, it becomes your responsibility to add the details before you give the SBCs to your employees.

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Our self-funded employers have options

We'll send you SBCs in an editable format so you can update MV and MEC statements within the document. You'll have the option to reflect your determination for each respective plan. We have no responsibility or liability regarding the MV or MEC evaluation, regardless of the role we may have played in reviewing/producing the SBC documents. We recommend you consult your own legal and tax advisors as we do not provide legal or tax advice.

Your SBCs are editable

You can also edit the draft SBCs to make updates in the following categories:

- **Contact information:** The header and footer on each page and the summary information box on page one include phone number and website references. Update these sections with your contact details.
- **Language access services:** Update language access services to reflect your phone numbers for language services. We've included the top languages as required by *Meaningful Access Language Services, Section 1557*.
- **Your rights to continue coverage:** Please update with your contact information.
- **Grievance and appeals rights:** We automatically include contact information for the U.S. Department of Labor's Employee Benefits Security Administration. You can update the contact details for your plan. We also include general reference details to the Consumer Assistance Program (CAP). You may want to include a reference to a specific state CAP based on the general location of your employee population. Or, you may elect to remove the general CAP language if does not apply (i.e., your covered employees are located in a state that does not offer a CAP).
- **Prescription drug coverage:** If your pharmacy coverage is with another carrier, please update the required link with the correct website for employees to access plan specifics.

When to give SBCs to your employees

After you finalize your SBCs, you must give SBCs to employees within the required timeframe for each scenario outlined in the regulation. Here are some details related to the "trigger" events for which you will need to provide the SBCs.

| Event trigger | Timeframe to deliver SBC to members |
|---|---|
| Open enrollments and reenrollment on or after September 23, 2012 | <ul style="list-style-type: none">• For active enrollments in which employees actively sign up for a plan, you must provide SBC with enrollment materials.• For automatic enrollments in which employees do not have to take any action to sign up for a plan, you must provide SBC no later than 30 calendar days before the effective date of the new plan period. |

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Other trigger events apply on or after September 23, 2012. See the following timeframes for these events:

**Newly eligible
(e.g. new hires)**

- With enrollment/application materials; or
 - If enrollment materials are not distributed, no later than 1st day of enrollment period
-

**Special enrollment
period**

90 calendar days from enrollment

**Upon request of SBC or
summary information
about health coverage**

Within seven business days of receipt of request.

**Material Modifications, as
defined by ERISA**

If there is a material change to your plan that impacts the content of a previously issued SBC, that is not in connection with a plan renewal, you must submit a Notice of Material Modification no later than 60 calendar days before the effective date of the plan change(s).

We're here to help with this important regulatory requirement

Please don't hesitate to call your account representative or broker if you have questions.

We've created letter templates to help you communicate the Summary of Benefits and Coverage to your plan participants. You can download them at:

<https://www.aetna.com/health-care-reform.html>

This is just a summary of the requirements. For the full list of events, timeframes, distribution requirements and information on the regulations, please review the regulations on the U.S. Departments of Health and Human Services or Labor (HHS or DOL) websites:

<https://www.cms.gov/>

<https://www.dol.gov/agencies/ebsa>

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