

# Required Group Health Plan Notices Chart

Notice	Notice Description	New Hire Packet	Upon Enrollment**	Annual Open Enrollment Packet	Annually (not OE)	Upon Coverage Termination	E-Delivery Permitted
<b>COBRA Initial Notice*</b>	Provides general information on COBRA rights such as a description of continuation coverage under the plan, a description of qualifying event notice requirements and plan procedures. Must be sent to covered employee and covered spouse.	No	Required				Not recommended
<b>CHIP Notice</b>	Provides information on states that provide medical assistance or child health assistance under a state Medicaid or state child health plan program.	Not required, but okay to provide		Required			Yes
<b>HIPAA Notice of Special Enrollment Rights*</b>	Notifies eligible participants of special enrollment rights, including a description of special enrollment events and enrollment procedures. Must be provided to all employees who are offered coverage.	Required		Not required, but okay to provide			Yes
<b>Medicare Part D Creditable* or Non-creditable Disclosure Notice*</b>	Notifies individuals whether the plan's prescription drug coverage is creditable or non-creditable, and gives the definition of creditable coverage, an explanation of why creditable coverage is important, an explanation of the individual's right to notice, and an explanation of benefit plan provisions that affect Medicare Part D eligible individuals.	Required			Required by Oct. 14 (prior to the Oct. 15 start of Medicare open enrollment)		Yes
<b>Notice of Exchange*</b>	Provides information relating to health insurance exchanges, which includes information about the consequences of purchasing a qualified health plan through the exchange in lieu of employer-sponsored coverage. Must be provided to all employees within 14 days of employment.	Required, but also must be provided to benefits-ineligible EEs					Yes
<b>Summary of Benefits and Coverage (SBC)*</b>	Describes the benefits and coverage under the applicable plan or coverage.	Required	Required	Required			Yes
<b>Summary Plan Description (SPD)*</b>	Advises participants and beneficiaries of their rights and obligations under the plan.	No	Required				Yes
<b>Summary of Material Modification (SMM)* or Reduction in Benefits/Services*</b>	Summarizes "any material modification to the plan and any change in the information required to be in the SPD." SMM must be distributed within 210 days of the end of the plan year in which the modification is adopted. Summary of Material Reduction in Benefits is due within 60 days of when the change is adopted.		Required	Required	Required		Yes
<b>Grandfathered Health Plan Notice*</b>	Provides notice to participants that the plan or coverage is believed to be a grandfathered plan, and provides contact information for questions or complaints. Included in the SPD if applicable.	No	Required				Yes
<b>Internal Appeals and External Review Procedures*</b>	Provides information related to internal appeals and external review processes. Included in the SPD.	No	Required				Yes
<b>Mothers' and Newborns' Health Protection Act</b>	Provides information on minimum stay requirements for hospital stays due to childbirth. Included in the SPD.	No	Required				Yes
<b>Women's Health and Cancer Rights Act Annual Notice</b>	Notifies participants of certain mastectomy benefits including reconstructive surgery, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and physical complications. Included in the SPD and an annual notice requirement.	Not required, but okay to provide	Required	Required			Yes
<b>Patient Protection Notice*</b>	Notifies participants of rights to choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; no referral required to obtain OB-GYN care. Included in the SPD.	No	Required				Yes
<b>HIPAA Notice of Privacy Practices*</b> (and HIPAA Notice of Availability of Notice of Privacy Practices must be distributed at least once every three years)	Notifies participants of their privacy rights, plan's responsibilities, privacy contact, effective date, and the plan's permitted uses and disclosures of PHI and informs people of their individual rights. Applies to self-insured or fully insured "hands-on" employer.	No	Required				Yes
<b>Summary Annual Report (SAR)*</b>	Summarizes the Form 5500 financial information in a narrative form. Self-funded plans that are unfunded (i.e., claims are paid from general assets and not via a trust/separate account) are exempt from the SAR requirement regardless of size.				Required		Yes

\*Notice must be customized prior to distribution – do not distribute unless customized.

\*\*Includes initial enrollment, as well as enrollment due to a HIPAA special enrollment right or permitted qualifying life event.

Notice	Notice Description	New Hire Packet	Upon Enrollment**	Annual Open Enrollment Packet	Annually (not OE)	Upon Coverage Termination	E-Delivery Permitted
<b>COBRA Election Notice*</b>	Notifies qualified beneficiaries (i.e., employees, spouse and dependents enrolled on the day before the qualifying event occurred) of their right to continue coverage following a qualifying event. Must be sent to all qualified beneficiaries, including spouse and dependents.					Required	Not recommended
<b>COBRA Unavailability of Continuation Coverage Notice*</b>	Provides explanation as to why individual is not entitled to continuation coverage.					Required	Not recommended
<b>FMLA Notice of Nonpayment of Premium*</b>	Notifies employees on FMLA leave that coverage will be terminated if premium payment is more than 30 days late (in absence of an employer policy providing for a longer grace period). Must be provided 15 days in advance of cancellation.					Required 15 days prior to the effective date of cancellation	Not recommended
<b>Rescission of Coverage</b>	Notifies participants of the retroactive cancellation of coverage. Must be provided 30 days in advance of the effective date of cancellation.					Required 30 days prior to the effective date of cancellation	Not recommended
<b>Notice of Availability of Reasonable Alternative Standard for Health-Contingent Wellness Programs*</b>	Notifies employees of a reasonable alternative standard available for obtaining the wellness reward to satisfy the initial standard. Must be included in all materials describing the wellness program.						No, not a standalone notice; rather, notice must be included in all materials describing wellness program (but those materials may be provided electronically)
<b>EEOC Wellness Notice*</b>	Informs employees of what health information will be collected, how it will be used, who will receive it and what will be done to keep it confidential. Must be provided prior to making the health inquiry, with enough time for the participant to decide whether or not to participate.						Yes

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\*\*Includes initial enrollment, as well as enrollment due to a HIPAA special enrollment right or permitted qualifying life event.

Other group health plan notices that may be required:

- **HSA Notice on Employer Contributions.** Required in certain circumstances if HSA contributions are made outside of Section 125 plan. This notice is a statement (from employers who make a contribution to employee HSAs and who have participants who have not established an HSA by December 31) that each HSA-eligible employee will receive a comparable employer contribution if, by the last day of the following February, the employee's HSA is established and the employee notifies the employer of the account. E-delivery is permitted.
- **Notice of Nondiscrimination Under 1557.** Applies to covered entities under Section 1557 and can be included in the SBC. Informs individuals of their civil rights under Section 1557 (i.e., nondiscrimination on the basis of race, color, national origin, age, disability or sex). E-delivery is permitted.

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