

REQUIRED GROUP HEALTH PLAN NOTICES OVERVIEW

Employers of all sizes sponsoring group health plans are responsible for providing certain notifications to employees. When notices are required will depend on different periods of an employee's employment cycle. Importantly, notices should be provided during the time frame required to ensure that the provision of the notice satisfies the regulatory requirement. This brief summary provides a quick overview of which notices apply during important time periods. A separate resource elaborates on these requirements. See the NFP publication [Required Group Health Plan Notices Chart](#).

NEW HIRES/UPON ELIGIBILITY FOR HEALTH PLAN (INCLUDE IN NEW HIRE PACKET)

- Employer CHIP Notice*
- HIPAA Notice of Special Enrollment Rights*
- Medicare Part D Creditable/Non-Creditable Disclosure Notice*
- Notice of Availability of Reasonable Alternative Standard for Health-Contingent Wellness Programs (include within all plan materials describing terms of wellness program)
- Notice of Exchange (provide to all new hires, regardless of eligibility for health plan, within 14 days of hire)*
- Summary of Benefits and Coverage (SBC)*

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UPON ENROLLMENT IN HEALTH PLAN

- Summary Plan Description (SPD) and any Summaries of Material Modification (SMMs) (provide within 90 days of participation)*
- Grandfathered Health Plan Notice (include in SPD for grandfathered plans)*
- HIPAA Notice of Privacy Practices (provide at the time of enrollment; applicable for self-insured employers or fully insured "hands-on" employers, i.e., employers that create or receive protected health information other than enrollment/disenrollment information or summary health information)
- Initial COBRA Notice (provide to newly covered employee and covered spouse within 90 days of coverage begin date)
- Internal Appeals and External Review Procedures (include in SPD for non-grandfathered plans)*
- Mothers' and Newborns' Health Protection Act (include in SPD)*
- Notice of Availability of Reasonable Alternative Standard for Health-Contingent Wellness Programs (include within all plan materials describing terms of wellness program)



- Patient Protections Notice (include in SPD for non-grandfathered plans)*
- Women's Health and Cancer Rights Act Enrollment Notice (include in SPD)*

ONGOING

Annually

- 1095-B (provide by January 31 for the prior calendar year; applicable for self-insured employers with <50 FTEs)
- 1095-C (provide by January 31 for the prior calendar year; applicable for large employers with 50 or more FTEs)
- Form W-2 cost of employer-sponsored health coverage reporting requirement (provide by January 31 for the prior calendar year)
- Health Savings Account (HSA) Notice Regarding Employer Contributions (provide notice only to HSA-eligible employees no later than 90 days before first employer HSA contribution and no later than January 15 of the following calendar year; applicable only if HSA contributions are made outside of Section 125 plan)**
- Medicare Part D Creditable/Non-Creditable Disclosure Notice (provide to eligible individuals, including COBRA and retiree participants, by October 14 - prior to the October 15 start of Medicare open enrollment)*
- Summary Annual Report to covered participants (provide within nine months of the plan year-end date; applicable for plans filing a Form 5500)*

During open enrollment (include in enrollment packet)

- Employer CHIP Notice (provide as of first day of plan year to all eligible employees regardless of participation in the employer's group health plan)*
- Notice of Availability of Reasonable Alternative Standard for Health-Contingent Wellness Programs (include within all plan materials describing terms of wellness program)
- SBC (applicable for open enrollment periods beginning on or after September 23, 2012)*
- Women's Health and Cancer Rights Act Annual Notice*

UPON COVERAGE TERMINATION

- COBRA Election Notice (applicable if COBRA triggering event has occurred; provide generally within 44 days of termination of employment, employee death, reduction of hours; provide within 14 days of notification of divorce or child aging out)
- FMLA Notice of Nonpayment of Premium (provide at least 15 days prior to coverage being terminated)
- Rescission of Coverage (provide 30 days in advance of cancellation of coverage)

SUMMARY

The information provided highlights major federal requirements regarding employer-sponsored health plans and is not inclusive of all requirements.

* Electronic disclosure permitted in accordance with the US Department of Labor's Electronic Disclosure Regulations.

** Electronic disclosure permitted in accordance with Internal Revenue Service requirements found in Treas. Reg. § 1.401(a)-21.

A separate white paper provides an overview of the Department of Labor's distribution rules. See the PPI publication [Electronic Distribution Rules: A Guide for Employers](#).