

Departments Release Additional FAQs on Summary of Benefits Coverage Requirement

May 24, 2012

On May 11, 2012, the U.S. Departments of Labor, Health and Human Services and the Treasury issued Part IX in the set of FAQs addressing implementation of the Affordable Care Act. The latest FAQs answer additional questions that were raised in connection with the Final Rules regarding the Summary of Benefits and Coverage (SBC). For group health plan coverage, the Final Rules provide that, for disclosures concerning participants who enroll or re-enroll through an open enrollment period (including late enrollees and re-enrollees), the SBC must be provided beginning on the first day of the first open enrollment period that begins on or after September 23, 2012. For disclosures with respect to participants who enroll in coverage other than through an open enrollment period (including individuals who are newly eligible for coverage and special enrollees), the SBC must be provided beginning on the first day of the first plan year that begins on or after September 23, 2012 (January 1, 2013 for a calendar year plan). The latest 14-question set of FAQs addresses, among other issues, safe harbors for electronic delivery of SBCs and references to other documents in the SBC. The FAQs are available [here](#).