

Departments Release FAQs on Summary of Benefits Coverage Requirement

March 30, 2012

On March 19, 2012, the U.S. Departments of Labor, Health and Human Services and the Treasury issued Part VIII in the set of FAQs addressing implementation of the Affordable Care Act. The FAQs answer questions that were raised in connection with the Final Rules regarding the Summary of Benefits and Coverage (SBC) that were published on February 14, 2012. 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 24-question set of FAQs addresses, among other issues, combining SBCs for different coverage tiers, providing SBCs for qualified beneficiaries under COBRA, and the requirements for providing the SBC electronically. The FAQs are available [here](#).