



SUMMARY PLAN DESCRIPTION (SPD)

Note: BGA does not currently offer SPD services, but can refer you to a company that does. See [Fact Sheet](#).

ERISA requires a Summary Plan Description (SPD) to be distributed to each plan participant and to each beneficiary receiving benefits under the plan as follows:

For existing plans, a new participant must receive a copy of the SPD within 90 days after becoming a participant and a beneficiary must receive a copy within 90 days after their first receiving benefits. For newly created plans, a SPD must be distributed to participants and beneficiaries within 120 days after the plan is first instituted.

Additionally, a plan sponsor must provide a SPD within 30 days of it being requested by a plan participant.

SUMMARY OF MATERIAL MODIFICATIONS (SMM)

SUMMARY OF MATERIAL REDUCTION IN COVERED SERVICES OR BENEFITS

Note: BGA does not currently offer SMM services, but can refer you to a company that does. See [Fact Sheet](#).

Under the Employee Retirement Income Security Act of 1974 (ERISA), pension providers must provide a summary of material modifications any time a change is a material modifications to the policy. Material modifications include plans to reduce or remove benefits, changes to the responsibilities on individuals enrolled in the scheme and changes to the eligibility criteria.

SCHEDULE A FORM 5500

Note: A group health plan with fewer than 100 participants that is either fully insured or self-funded (or both) is generally not required to file Form 5500.

All qualified retirement plans, 403(b) plans subject to ERISA, and health and welfare plans with more than 100 participants will be subject to the new filing requirements. Employers sponsoring qualified plans or 403(b) plans with more than 100 participants, subject to audit, will also be required to electronically file the audited financial statement along with Form 5500.

IRS Form 5500 must be filed each year for every pension benefit plan or entity that participates as a Direct Filing Entity (DFE) in certain trusts, accounts, or other arrangements.

[Form 5500 Series](#)

Generally, the responsibility to fill out and file IRS forms rest with a plan administrator who contracts with your company to provide pension or other benefit plans.

SUMMARY ANNUAL REPORT (SAR)

Benefit plans subject to ERISA are required to distribute SARs. If a plan is not required to file a Form 5500, then a SAR is not required. Under the Department of Labor's (DOL) SAR regulations, a totally unfunded welfare plan, regardless of size, does not need to provide SARs (even though large, unfunded welfare must file a Form 5500). In contrast, large insured plans are subject to the SAR requirement. **Generally, the responsibility rest with a plan administrator who contracts with your company to provide pension or other benefit plans.**

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Group health plan sponsors must provide a copy of the SBC to each employee eligible for coverage under the plan. If you offer more than one plan to your employees, only the SBC specific to the plan for which an employee is eligible must be provided to that employee at renewal.

Insurers are required to provide an SBC to the employer that sponsors the group health plan, and the insurer is jointly responsible with the plan's administrator for furnishing the SBC to participants and beneficiaries. Accordingly, employers who sponsor fully insured health plans should coordinate with their carriers to determine when the carrier will be providing SBCs, and if the carrier will be furnishing them directly to participants and beneficiaries.

[Summary of Benefits and Coverage Regulations and Guidance](#)

[SBC Template](#)

NOTICE OF PATIENT PROTECTIONS (NON GRANDFATHERED PLANS ONLY)

This notice must be provided in the plan's Summary Plan Description (SPD) or other description of benefits given to participants.

To be certain that you meet the notice format and content requirements, two models are provided.

[Employers who offer a health care plan](#)

[Employers NOT offering a health care plan](#)

Employers are required to provide insurance exchange notices to employees and must do so for both full and part time employees.

[Patient Protection Model Notice](#)

Note: If you offer a group health plan, notice is not limited to employees enrolled or eligible to enroll. The notice is required for employees not enrolled in the group health plan or ineligible to enroll as well.

DISCLOSURE OF GRANDFATHER STATUS (GRANDFATHERED PLANS ONLY)

To maintain status as a grandfathered health plan, a plan or health insurance coverage must include a statement that the plan or coverage believes it is a grandfathered health plan. This can be located in any plan materials provided to a participant or beneficiary describing the benefits provided under the plan or health insurance coverage.

[Disclosure of Grandfather Status](#)

Note: This notice must be provided in each plan year in which grandfathered status is maintained.

NOTICE REGARDING AVAILABILITY OF HEALTH INSURANCE EXCHANGES

To satisfy the content requirements, model language is available at www.dol.gov/ebsa/healthreform.

You may also review, [Notice Regarding Availability of Health Insurance Exchanges](#). There are two models; employers may use one of those models as applicable.

[Model Notice for Employers who Offer a Health Plan](#)

[Model Notice for Employers who DO NOT Offer a Health Plan](#)

Note: Employers must provide all new hires and current employees with an exchange notice at the time of hiring.

COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT) NOTICES

Employers with 20 or more employees are usually required to offer COBRA coverage and to notify their employees of the availability of such coverage. COBRA applies to plans maintained by private-sector employers and sponsored by most state and local governments.

[General Notice of COBRA Rights](#)

[COBRA Election Notice Model](#)

[Additional Information](#)

Note: Notices must be provided by employers with 20 or more employees at time of hire and at time of termination or a qualifying event.

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT)

This act establishes employees' rights with regard to their personal health information. Employers should make employees aware of all the aspects of HIPAA privacy regulations, including penalties for committing privacy breaches. HIPAA requires employers to adhere to strict privacy guidelines.

[Certificate of Credible Coverage](#)

[Notice of Privacy Practices for Protected Health Information](#)

[General Notice/Individual Notice of Preexisting Condition Exclusion, Special Enrollment Rights, Wellness Program Disclosure](#)

Note: Group health plans with two or more participants who are current employees must supply notices.

SPECIAL HEALTH CARE NOTICES

The Patient Protection Portability Care Act (PPACA) require the distribution of certain notices describing changes that take effect for plan years beginning on or after September 23, 2010. The DOL has published model notices that may be used to make these disclosures.

[Women's Health and Cancer Rights Act \(WHCRA\) Notices](#)

[Mental Health Parity and Addiction Equity Disclosure \(MHPAEA\)](#)

[Employer CHIP \(Children's Health Insurance Program\) Notice](#)

[Notice Regarding Newborns' and Mothers' Health Protection Act](#)

Note: These notices must be delivered in accordance with the Department of Labor's disclosure regulations applicable to furnishing summary plan descriptions. The notices may be provided by first class mail or any other means of delivery prescribed in the regulation.

MEDICARE PART D CREDITABLE COVERAGE DISCLOSURES

Employers must provide creditable or non-creditable coverage notice to all Medicare eligible individuals who are covered under, or who apply for, the entity's prescription drug plan (Part D eligible), whether active employees or retirees, at least once a year.

[Medicare Part D Creditable Coverage Disclosures](#)

Note: The Centers of Medicare and Medicaid Services (CMS) Creditable Coverage website provides complete text of the guidance and model disclosure templates published by CMS.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. Employers may implement the HIPAA guidelines using one of two approaches: "Hands-On" and "Hands-Off" of employees' personal health information. An employer who adopts a Hands-On approach is granted access to all of their employees' personal health information, and accordingly is required to adhere to all of the HIPAA privacy rules. An employer who adopts a Hands-Off approach chooses to not have access to its employees' personal health information, and is thus required to follow only a limited portion of the HIPAA privacy rules.

[Model Notices of Privacy Practices](#)

OTHER POSSIBLE COMPONENT DOCUMENTS

[FMLA](#) (Family Medical Leave Act)

[ERISA](#) (Employee Retirement Income Security Act)

[USERRA](#) (Uniformed Services Employment and Re-employment Rights Act)

[GINA](#) (Genetic Information Nondiscrimination Act)

[HITECH](#) (The Health Information Technology for Economic and Clinical Health Act)

***This checklist is designed to help companies review the key notice requirements that may apply to their employer-sponsored group health plans under ERISA. Please note that this list is for general reference purposes only and is not all-inclusive.**

**** If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor.**

*****For more detailed information, please review the [Reporting and Disclosure Guide for Employee Benefit Plans](#) provided by the United States Department of Labor.**