

**Employer Guide To**  
Summary of Benefits and Coverage  
Glossary of Health Coverage and Medical Terms



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***C**ount on us to keep you informed*

# Summary of Benefits and Coverage

On February 14, 2012, the Departments of Treasury, Internal Revenue Service, Labor, Health and Human Services, and Employee Benefits Security Administration released a final rule that implemented disclosure requirements under section 2715 of the Public Health Service Act.

This health insurance market reform under the Patient Protection and Affordable Care Act requires group health plans and health insurance issuers in the group market to provide a summary of benefits and coverage and uniform glossary to members of their health plans. **This new requirement will take effect with either your open enrollment period or renewal beginning on or after September 23, 2012, whichever occurs first.**

## Contents

- What's an SBC and a Uniform Glossary?
- Who will provide me with the materials I need for distribution to my employees?
- When will I receive my SBCs?
- Who will receive the SBC?
- When do I need to distribute the materials?
- What is Culturally and Linguistically Appropriate Manner?
- How do I meet the Electronic Disclosure requirements to distribute the SBC to my Employees?
- What happens if I fail to comply?
- How can I get more information?
- FAQs

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 – 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs		Coverage for: Individual + Spouse   Plan Type: PPO
<b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <a href="#">www.[insert]</a> or by calling 1-800-[insert].		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	<b>\$500</b> person / <b>\$1,000</b> family Doesn't apply to preventive care	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other deductibles for specific services?	Yes. <b>\$300</b> for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <b>deductible</b> amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers <b>\$2,500</b> person / <b>\$5,000</b> family For non-participating providers <b>\$4,000</b> person / <b>\$8,000</b> family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <b>specific</b> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="#">www.[insert].com</a> or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the terms in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .
<b>Questions:</b> Call 1-800-[insert] or visit us at <a href="#">www.[insert]</a> . If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <a href="#">www.[insert]</a> or call 1-800-[insert] to request a copy.		
		0940 Contract Numbers (545/228), 1210-01-07, and 0104-11-08 Contract 06 May 11, 2012
		1 of 8

## What's an SBC and a Uniform Glossary?

The Summary of Benefits and Coverage or "SBC" and Glossary of Health Coverage and Medical Terms or "Uniform Glossary" are designed to help consumers better understand their health coverage and allow for easy comparison of other coverage options when shopping, applying, enrolling, and re-enrolling into a health plan. The SBC is a resource for your employees that will summarize your health plan options including:

- Deductible
- Out-of-pocket and annual limits
- In and out-of-network provider coverage
- Coverage of common medical events
- Excluded services
- Common covered services
- Rights to continue coverage
- Member grievance and appeal rights
- Coverage examples for having a baby and managing type 2 diabetes

The "Uniform Glossary" lists commonly used terms in insurance coverage. You can access the glossary by logging onto [www.aultcare.com](#).

### What is Culturally and Linguistically Appropriate Manner?

This requirement provides employees and dependents the option to request their SBC in a non-English language if they reside in a county that meets or exceeds a 10% threshold of non-English speaking residents. The SBC that we provide will contain directions for non-English speaking individuals to receive further information in their non-English language.

### How do I meet the Electronic Disclosure requirements to distribute the SBC to my Employees?

Under the Department of Labor Electronic Disclosure requirement, if your employees are able to effectively access documents provided in electronic format at their worksite (i.e. e-mail) and this access is a part of their duties as an employee, you can send the SBC to them electronically. You can also allow the employees to elect to receive their SBC electronically.

Eligible employees (not currently enrolled) can receive the SBC electronically as long as a paper version option is available upon request. You can accomplish this by email, E-Card, posting on your Intranet or sending a post card.

### What happens if I fail to comply?

#### Potential Fines and Penalties

- Up to \$1,000 per affected individual for each instance of willing non-compliance
- A fine of \$100 per day per affected individual until compliant

For the first year, the government will not impose penalties on plans that are working diligently and in good faith to comply with the requirements.



### Who will provide me with the materials I need for distribution to my employees?

As your health issuer or third party administrator we are committed to providing you with the tools that you need to meet this regulatory requirement.

- We will provide you with an SBC master copy for distribution (electronically or paper copy) for your employees, dependents, and eligible employees for health insurance coverage. This will include an SBC for each benefit package you offer and a new SBC when coverage changes.
- Continuously monitor changes to regulation that may impact you.

### When will I receive my SBC?

We will deliver your SBC to you at the following times:

- When you apply for coverage with us
- Prior to your scheduled Open Enrollment Season
- Typically 60 days prior to your renewal, but
- No later than 30 days prior to the first day of your policy year

### Who should receive the SBC?

If you have an employee and all of the dependents reside at one address, only one SBC is required to be distributed.

However, if an employee has dependents that have an alternate address, you are required to distribute an SBC to those alternate addresses.

You are also required to distribute an SBC to all of your employees that are eligible for health insurance coverage, even if they are not currently enrolled in your health plan.

## When do I need to distribute the materials?

### Open Enrollment

You need to provide the SBC with open enrollment materials. If you do not hold an open enrollment period; provide the SBC no later than the first date your employees are eligible to enroll for coverage.

### Online Enrollment

If you offer online enrollment, you are permitted to provide the SBC at the time of online enrollment or online renewal of coverage electronically but must provide the option to receive a paper copy.

### Automatic Renewal

If you have an automatic renewal, the SBC must be provided 30 days prior to the first day of the new plan year. This SBC will reflect the plan that the employee and dependents are currently enrolled.

### Upon Request

If you have an employee or dependent that requests an SBC or Uniform Glossary, you must fulfill the request within 7 business days. If the request is online, then you can deliver it electronically but you must provide the option to receive a paper copy.

### SBC Changes

If the SBC changes from what was distributed at enrollment, you must provide an updated SBC prior to the first day of coverage.

### Special Enrollment

For Special Enrollment, you must provide an SBC within 90 days after they enrolled in your plan.

### Mid-Year Benefit Changes

If you make a mid-year change to your plan that changes the content of your SBC, you must provide a 60 day advance notice to employees. This can be complete via a new SBC or a separate notice (summary of material modification).



## Frequently Asked Questions

- 1. Does this regulation impact small and large groups?**  
Yes, whether you are a small or large employer group the SBC requirements apply to your health plan.
- 2. Does this apply to both fully-insured and self-insured plans?**  
Yes, this impacts both fully-insured and self-insured plans.
- 3. Am I exempt because I am a “grandfathered” plan?**  
No, the SBC requirement applies to both “grandfathered” and “non-grandfathered” plans.
- 4. Do I need an SBC for stand-alone dental or vision benefits?**  
No, the SBC regulations do not apply to stand-alone excepted benefits. Excepted benefits are generally benefits that require the individual to pay an additional premium.
- 5. Can I combine the SBC and Uniform Glossary with other documents?**  
Yes, as long as the SBC is displayed at the beginning.
- 6. Do COBRA enrollees receive SBCs?**  
Yes, COBRA enrollees have the same rights as other enrollees to receive SBCs.
- 7. Do I have to provide the SBC and Uniform Glossary in color?**  
No, you are permitted to provide in color or greyscale.



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