



Timeline of Benefit Notices for Group Health Plans

Use this chart to understand your notice delivery requirements, plan the timing, and determine which employees must receive each notice.

Due Date	Benefit Notice	Explanation	Notice Given To
Notice Due upon Hire			
At the time of hire (DOL considers within 14 days after the employee's hire date as compliant)	Notice to Employees of Health Insurance Marketplace Coverage Options (aka Employer Exchange Notice) Model Notices	<p>Informs employee of the existence of the Marketplace (Exchange), its services, and how to contact the Marketplace for assistance</p> <p>For more information, see Technical Release 2013-02 Notice of Coverage Options FAQs</p>	All new employees
Notices Due by a Certain Date			
<p>Prior to October 15 each year</p> <p>Prior to an individual's initial enrollment period for Part D</p> <p>Prior to the date of enrolling in the employer's plan and upon any change that affects whether the coverage is "creditable"</p>	Medicare Part D Notice of Creditable (or Non-Creditable) Coverage Disclosure Notice	Informs Medicare-eligible participants as to whether the group plan's prescription drug coverage is creditable or non-creditable	Medicare-eligible plan participants (e.g., employees, dependents, COBRA enrollees, and retirees participating in employer's group health plan)
<p>90 days prior to the start of each plan year (120 days before the first plan year)</p> <p>No later than the effective date of coverage for employees who become eligible during the plan year (new hires)</p>	Individual Coverage Health Reimbursement Arrangement (ICHRA) notice	<p>Describes the process of purchasing individual health insurance and the basic terms of the ICHRA to include, eligibility and employer contribution amounts, and the interaction with premium tax credits</p> <p>For more information, see HRAs: Individual Coverage Health Reimbursement Arrangement (ICHRA)</p>	Persons eligible to enroll
<p>90 days prior to the start of each plan year</p> <p>On or before the day the employee becomes eligible (new hires)</p>	Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) notice (see Q&A #38)	<p>Describes the annual reimbursement amount and the duty to inform the Marketplace of such when applying for advance payments on the premium tax credit, and the tax implications for not having minimum essential coverage</p> <p>For more information, see HRAs: Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)</p>	Persons eligible to enroll
<p>Generally within 9 months after the end of each plan year</p> <p><i>ERISA plans only</i></p>	Summary Annual Report	<p>Summary of the plan's Form 5500 report, if any</p> <p>For more information, see Plan Information</p>	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)

Due Date	Benefit Notice	Explanation	Notice Given To
Notices Due When Enrollment Is Offered			
<p>With enrollment materials and upon renewal of coverage</p> <p>Within 90 days of special enrollment</p> <p>No later than 7 business days following request</p>	<p>Summary of Benefits and Coverage (SBC) and Uniform Glossary</p>	<p>A short, easy-to-understand summary of the plan's benefits and coverage, and a uniform glossary of standard terms</p>	<p>Persons eligible to enroll</p>
<p>At or before each enrollment period</p>	<p>Special Enrollment Rights Notice</p>	<p>Describes the plan's special enrollment rules</p>	<p>Persons eligible to enroll</p>
<p>With any materials describing the plan's benefits</p> <p><i>Grandfathered plans only</i></p>	<p>Disclosure of Grandfathered Plan Status</p>	<p>Statement that the plan is grandfathered and contact information</p>	<p>Persons eligible to enroll</p>
<p>At enrollment and annually</p>	<p>Women's Health and Cancer Rights Act (WHCRA) Notices (pages 141 and 142)</p>	<p>Describes required plan benefits for mastectomy-related services</p>	<p>Plan participants</p>
<p>At enrollment and annually</p>	<p>Employer CHIP Notice</p>	<p>Provides information about possible premium assistance under a state's Medicaid or Children's Health Insurance Program</p>	<p>Persons eligible to enroll</p>
<p>At enrollment and annually</p> <p><i>Self-funded nongovernmental plans only</i></p>	<p>Disclosure to Enrollees Regarding HIPAA Opt-Out</p>	<p>Discloses the plan has opted out of certain federal benefits (not common)</p>	<p>Plan participants</p>
<p>At enrollment</p>	<p>Newborns' and Mothers' Health Protection Act (NMHPA) Notice (page 140)</p> <p>Must be included in SPD per 29 C.F.R. § 2520.102-3(u)</p>	<p>Describes the length of hospital stay in connection with childbirth for plans that include maternity and newborn care</p>	<p>Persons eligible to enroll</p>

Due Date	Benefit Notice	Explanation	Notice Given To
Notices Due When Enrollment Is Made			
Upon enrollment in the plan (Also provide notice, or reminder that notice is available, at least once every 3 years)	HIPAA Notice of Privacy Practices for Protected Health Information	Describes ways the plan may use and disclose individual protected health information, employees' rights, and the plan's duties to protect that information	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)
Within 90 days after health coverage begins	Model COBRA Continuation Coverage General Notice (Spanish)	Explains right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event	Plan participants and beneficiaries
With materials describing the terms of a wellness program	<p>Wellness Program Disclosure</p> <ul style="list-style-type: none"> • HIPAA notice (page 139) is required for a health-contingent wellness program that is subject to the alternative standard rule • EEOC notice and GINA notice are required if the wellness program collects participant health information, e.g., health risk assessments, biometric screenings 	<p>Required notices depending upon the wellness program's features</p> <p>For more information, see GHP: Wellness Programs</p>	Eligible participants
Within 90 days of becoming covered <i>ERISA plans only</i>	Summary Plan Description (SPD)	<p>Describes the plan and how it operates and explains the participant's rights and responsibilities under ERISA</p> <p>For more information, see GHP: Plan Documents and Summary Plan Descriptions</p>	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)
When participants receive an SPD or other benefits summaries <i>Non-grandfathered plans only</i>	<p>Patient Protection Model Notice</p> <p>May include in SPD</p>	Describes plan's patient protection provisions, e.g., designation of a primary care provider, OB/GYN care without prior authorization	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)

Due Date	Benefit Notice	Explanation	Notice Given To
Notices Due upon Certain Events: Plan Changes			
No later than 60 days before change affecting SBC content	Notice of Modification (of SBC)	Advance notice of material changes in the plan that affect the content of the SBC For more information, see ACA: Summary of Benefits and Coverage	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)
Within 60 days of adoption of material reduction in group health benefits or services <i>ERISA plans only</i>	Summary of Material Reduction (SMR) (Updated SPD can be provided in lieu of SMR)	Describes changes in group health benefits or services that constitute a material reduction and changes in the SPD's content For more information, see GHP: Plan Documents and Summary Plan Descriptions	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)
Within 210 days after the end of the plan year in which the material modification is adopted <i>ERISA plans only</i>	Summary of Material Modification (SMM) (Updated SPD can be provided in lieu of SMM)	Describes material modifications to a plan and changes in the SPD's content For more information, see GHP: Plan Documents and Summary Plan Descriptions	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)
At least 30 days before rescission of coverage	Notice of Rescission of Coverage in a Group Health Plan	Advance written notice of rescission (which may be retroactive), including date of, and reason for, rescission	Plan participants and beneficiaries (e.g., employees, COBRA participants, retirees)
Upon request for certification of student status for plans offering coverage for students 26 and older	Michelle's Law Sample Notice (May include in SPD)	Describes child's right to continue coverage during medically necessary leave of absence from postsecondary educational institution	Plan participants (e.g., employees, COBRA participants, retirees)
Notices Due upon Certain Events: Federal COBRA			
Within 30 days of a covered dependent losing coverage (e.g., due to divorce, child attaining limiting age)	COBRA Qualifying Event Notice to Plan Administrator or TPA COBRA Second Qualifying Event Notice to Plan Administrator or TPA	Notice of covered dependent's loss of eligibility if a qualifying event that triggers COBRA	Plan administrator
Within 14 days after receiving notice of COBRA qualifying event or within 44 days of the qualifying event if the employer is also the plan administrator	Model COBRA Continuation Coverage Election Notice (Spanish)	Describes right to COBRA continuation coverage, along with election form and cost information	Qualified beneficiaries
Within 14 days after receiving notice of a qualifying event	COBRA Unavailability of Coverage Notice	Notice that the individual is not entitled to COBRA with reasons for denial	Individuals not qualified for COBRA

Due Date	Benefit Notice	Explanation	Notice Given To
Notices Due upon Certain Events: Federal COBRA (continued)			
No less than 30 days after COBRA payment deficiency	COBRA Premium Underpayment Notice	Used when COBRA participant makes a timely but incorrect amount of payment for the COBRA premium	Participant making the underpayment
As soon as practicable following determination that COBRA will terminate	COBRA Early Termination of Coverage Notice	Provides notice that COBRA will terminate earlier than the maximum period of coverage, including date of and reason for termination as well as alternative coverage options	Qualified beneficiaries whose COBRA will terminate earlier than the maximum period of coverage
As soon as practicable in advance of any change in the COBRA premium	COBRA Premium Change Notice	Provides notice of any premium changes; typically used in connection with the plan's annual renewal	COBRA covered beneficiaries
	COBRA Premium Change Notice—Disability Extension	Provides notice of increase in premium resulting from an extension of coverage due to a Social Security Administration disability determination	COBRA covered beneficiary eligible for the disability extension
As soon as practicable before the benefits renewal date	COBRA Annual Open Enrollment Notice	Provided along with supporting open enrollment materials (SPD, SMM, SBC, etc.)	COBRA covered beneficiaries
Notices Due upon Certain Events: Other			
Varies, depending on the type of benefit claim involved	Notice of Benefit Determination (Claim Notice or Explanation of Benefits)	Information regarding benefit claim determinations Additional information based upon adverse decisions and/or appeals	Claimants
Promptly upon receipt of the medical child support order	Medical Child Support Order (MCSO) Notice	Notification regarding receipt of a support order and description of the plan's procedures for determining its qualified status For more information, see GHP. Qualified Medical Child Support Orders	Participants, any child named in the order and the child's representative
No later than 20 days of the date of the notice, send Part A to the state agency or Part B to the plan administrator Notify affected persons as soon as practicable Plan administrators must complete and return Part B to the state agency and affected persons within 40 business days	National Medical Support (NMS) Notice	Notice used by state child support enforcement agencies directing the employer's plan to enroll the child	State agencies, employers, plan administrators, participants, custodial parents, child representatives

Due Date	Benefit Notice	Explanation	Notice Given To
Notices Due upon Certain Events: Other (continued)			
For affected individuals: No later than 60 calendar days after discovery of breach	HIPAA Breach Notification to Individuals	Provides information related to the discovery of a breach of unsecured protected health information with steps individuals should take to protect themselves and what the administrator is doing to fix the situation	Affected individuals, U.S. Department of Health and Human Services (and media outlets for large breaches affecting more than 500 residents of a state or jurisdiction)
For annual report: If breach affects fewer than 500 individuals, no later than 60 days after end of the calendar year in which the breach occurred. If breach affects more than 500, no later than 60 calendar days after discovery		For more information, see U.S. Department of Health and Human Services Breach Notification Rule	
Public posting on plan's website and all EOBs	No Surprises Act (NSA) Balance Billing Protections Notice	Notice that includes participants' rights against surprise medical bills, applicable state protections, and federal/state contact information	All plan participants and beneficiaries via the plan website and all EOBs, public posting required
Notices Due upon Request of Information			
Upon request	Mental Health Parity and Addiction Equity Act Disclosure	Form to request information from plan about treatment limits	Current or potential participants, beneficiaries, or contracting healthcare providers
Internet tool: ongoing/real-time availability Paper disclosure: mail requested cost-sharing information within two business days after receiving a request Optional alternative format: phone or email if participant agrees consistent with the timing of paper disclosures	Transparency in Coverage Disclosure	Provides cost-sharing information in writing for covered items and services, including in-network and out-of-network estimates	Individual making the request
Within 30 days of participant's written request <i>ERISA plans only</i>	Plan Document	Documents, including latest updated SPD, contracts, and other instruments, under which the plan is established and operated For more information, see GHP: Plan Documents and Summary Plan Descriptions	Plan participant or beneficiary making the request
Within 30 days of a participant's written request	Cafeteria Plan Document	Documents under which the cafeteria plan is established and operated For more information, see Cafeteria Plans: An Introduction	Plan participant or beneficiary making the request