

Summary of Benefits and Coverage STATUS & OVERVIEW

This fact sheet explains the **Summary of Benefits and Coverage** definition and proposed requirement as mandated by the Patient Protection and Affordable Care Act (PPACA) applicable to most health plans that provide health insurance products to the public.

OVERVIEW

Proposed federal regulations mandated under the PPACA, also known as health care reform, require health plans to provide a Summary of Benefits and Coverage and Uniform Glossary that clearly explains benefits and coverage within a standardized template with uniform language that is used by all health plans that provide health insurance products to the public.

To develop these standards, the PPACA requires the U.S. Departments of Health and Human Services, Treasury and Labor to consult with the National Association of Insurance Commissioners (NAIC). The NAIC developed a template Summary of Benefits and Coverage, as well as a Uniform Glossary of commonly used health insurance terms, which the departments have published, along with proposed regulations detailing rules for when and how these documents must be provided to individuals.

The Summary of Benefits and Coverage and Uniform Glossary must be distributed for most products and funding arrangements offered to individuals, and small and large groups. Medicaid, Family Health Plus, Child Health Plus, Medicare Advantage and Medicare Supplemental products are excluded from the Summary of Benefits and Coverage requirement.

CURRENT STATUS

As of November 17, 2011 – Many employers and brokers have asked for information regarding Excellus BlueCross BlueShield's plan to comply with Summary of Benefits and Coverage requirements. The Department of Labor issued guidance indicating that health insurers will not be required to comply with requirements until final regulations are issued. The original effective date for compliance was March 23, 2012. This date has been delayed, and we anticipate the new compliance effective date to coincide with the release of the final regulations. We will continue to provide information as it is made available to us by the Department of Health and Human Services.

QUESTION / ANSWER

- Q: What action should Excellus BCBS sales staff and brokers take at this time?
- A: Sales staff and brokers do not need to take specific action at this time. If Sales and broker personnel are questioned about Summary of Benefits and Coverage, they can refer customers to the *Summary of Benefits Coverage (SBC) Status & Overview*. If this does not answer a customer's question, Sales personnel will forward the question to the Health Care Reform Q & A email box.
- Q: What action should employer groups take at this time?
- A: Employer groups do not need to take specific action at this time.



Q: What is Excellus BCBS doing to comply with this PPACA mandate?

A: Excellus BCBS staff are currently preparing for implementation and production of Summary of Benefits and Coverage to effectively meet the final requirement set forth by the PPACA.