

Summary of Benefits and Coverage

Under health reform law, group health plans and health insurance issuers offering group or individual health insurance coverage are required to use standards in compiling and providing a Summary of Benefits and Coverage (SBC) that accurately describes the benefits and coverage under the applicable plan or coverage. These standards ensure that information is presented in a clear and uniform format that helps plans and individuals better understand their health coverage and compare coverage options across different types of plans and insurance products. The SBC provision went into effect under the health reform law Sept. 23, 2012. The final regulations require that the SBC be provided in several instances:

- 1. Upon application.** SBCs must be provided to eligible enrollees, including new hires, at the time written application materials for enrollment are distributed. If no written application materials are distributed for enrollment, then the SBC must be given no later than the first date on which the subscriber is eligible to enroll.
- 2. By the first day of coverage if there are any changes.** If there is any change in the information required to be in the SBC that was provided upon application and before the first day of coverage, the plan or issuer must update and provide a current SBC no later than the first day of coverage.
- 3. Special enrollees.** The SBC must be provided to special enrollees no later than the date on which a summary plan description is required to be provided (90 days from enrollment).
- 4. Upon renewal.** If written application is required for renewal (paper or online), the SBC must be provided no later than the date on which the materials are distributed. If a renewal or reissuance of coverage does not require reapplication, the SBC must be provided no later than 30 days prior to the first day of the new plan year or within seven business days of confirmation of renewal. If members are eligible to change coverage elections during an annual open enrollment period, the SBC must be provided with the open enrollment materials.

5. **Upon request.** The SBC must be provided upon request for an SBC or summary information about the health coverage as soon as practicable but in no event later than seven business days following receipt of the request.
6. **Off-renewal change (mid-year plan change).** Advance notice of material modification is required for a change that occurs other than in connection with a renewal. This notice to members is required 60 days in advance of the effective date of the change, if the change affects information included in the SBC and is not reflected in the most recent SBC.



Consult your UnitedHealthcare representative if you have questions, or visit the United for Reform Resource Center at uhc.com/reform for more information.



The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the ID card.

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