



DOL Issues Model Notices for Required Health Reform Act Disclosures

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Foster Swift Employment, Labor & Benefits E-News

July 20, 2010

The Patient Protection Portability Care Act ("PPACA") requires the distribution of certain notices describing changes that take effect for plan years beginning on or after September 23, 2010 (January 1, 2011 for calendar year plans). The DOL has published model notices that may be used to make these disclosures. The notices are described below.

EXTENSION OF DEPENDENT COVERAGE TO AGE 26.

Insured and self-funded health plans (both grandfathered and non-grandfathered plans) that offer dependent coverage must make such coverage available for adult children up to age 26. Special enrollment rights must be provided for children under age 26 whose coverage ended (or who were not eligible for coverage because the child failed to qualify as a dependent child under the plan, but will become eligible for coverage on the first day of the post-September 22, 2010 plan year). The required notice must be provided at least 30 days in advance of the beginning of the plan year, and if elected, coverage must begin on the first day of the plan year.

The DOL model notice may be included with other enrollment materials, so long as the notice is prominent. This notice is available at www.dol.gov/ebsa/dependentsmodelnotice.doc.

ELIMINATION OF LIFETIME LIMITS.

Lifetime limits may not be imposed on the dollar value of "essential health benefits" offered under insured and self-funded health plans (both grandfathered and non-grandfathered plans). Enrollees who reached a lifetime limit before the effective date of this new prohibition and who are still eligible for coverage under the plan must be given a notice that the lifetime limit no longer applies. Prior enrollees who are no longer enrolled must also be given notice of the change and a special enrollment opportunity that must last for at least 30 days.

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PRACTICE AREAS

Employee Benefits

Health Care



The model DOL notice may be included with other enrollment materials, so long as the notice is prominent. This notice is available at www.dol.gov/ebsa/lifetimelimitsmodelnotice.doc.

PATIENT PROTECTION.

Insured and self-funded health plans (but not grandfathered plans) that provide coverage through a provider network must notify participants of their right to choose a primary care provider or a pediatrician from within the provider network. Furthermore, if the health plan offers obstetrical or gynecological care, the participant cannot be required to obtain prior authorization to designate a provider within the network. This notice must be provided no later than the first day of the plan year beginning on or after September 23, 2010. The DOL model notice is available at www.dol.gov/ebsa/patientprotectionmodelnotice.doc.

Please call your counsel at Foster Swift if you have questions regarding the new notices required by PPACA.
