# 2016 Open Enrollment Checklist

Note: ACA = Affordable Care Act

| Notices | Description |
|---|---|
| ❒ **COBRA Notice** | Employers should provide an initial COBRA notice to participants and certain dependents within 90 days after plan coverage begins and consider including it annually in the open enrollment packages. |
| ❒ **Children's Health Insurance Program Reauthorization Act - CHIPRA Notice** | In states that provide a premium subsidy to low-income children and their families to help pay for employer-sponsored coverage, employers must send an annual notice about the availability of assistance to all employees residing in that state. |
| ❒ **Exchange Notification (ACA)** | Employers must provide written notice to new employees within 14 days of their start date to inform them of coverage options available through The Health Connector. |
| ❒ **HIPAA Notice of Privacy Practices** | Employers must notify covered employees about their updated privacy rights under HIPAA. |
| ❒ **HIPAA Special Enrollment Rights** | Employers must provide each eligible employee with a notice of his or her special enrollment rights under HIPAA. |
| ❒ **Medicare Eligibility** | Employers should remind participants approaching Medicare-eligibility of the requirements relative to enrollment in Medicare Parts A and B and continued eligibility under the health plan. |
| ❒ **Notice of Patient Protections (ACA)** | Non-grandfathered plans that require designation of a PCP, must permit each participant, beneficiary, and enrollee to designate any available participating PCP.<br>If your non-grandfathered plan requires participants to designate a participating PCP, the plan must provide a notice of these patient protections whenever the SPD or similar description of benefits is provided to a participant, such as open enrollment materials. |
| ❒ **Summary of Benefits and Coverage (SBC's) (ACA)** | SBC should be included with the plans application materials. If plan coverage automatically renews for current participants, the SBC must generally be provided no later than 30 days before the beginning of the new plan year. For self-funded plans, the plan administrator is responsible for providing the SBC. For insured plans, both the plan and the issuers are obligated to provide the SBC, although this obligation is satisfied for both parties of either one provides the SBC. |
| ❒ **Women's Health and Cancer Rights Act - WHCRA Notice** | Employers are required to provide notice of participants' rights under WHCRA at the time of enrollment and on an annual basis. Model language for this disclosure is available on the DOL's website in the compliance assistance guide. |

# 2016 Benefits Compliance Checklist

Note: ACA = Affordable Care Act

| Plan Changes | Description |
|---|---|
| ❒ **Annual Limits on Essential Health Benefits (ACA)** | Annual or lifetime dollar limits must be removed from all "essential health benefits" as defined by the ACA. *Note: Lifetime maximums were prohibited starting with plan years on or after September 23, 2010.* |
| ❒ **Coverage for Clinical Trial Participants** | Group health plans cannot discriminate against plan participants who participate in clinical trials, effective for plan years beginning on or after January 1, 2014. |
| ❒ **Dependent Coverage to Age 26 (ACA)** | Health plans that provide dependent coverage for children must make coverage available for adult children up to age 26, regardless of the child's student or marital status, effective for plan years beginning on or after September 23, 2010. |
| ❒ **Flexible Spending Account (FSA) Limitation** | Employers must limit an employees annual pre-tax salary reduction to a health FSA to $2,500 ($2,550 for 2015 and 2016 plan years), effective for plan years on or after January 1, 2013. *Applies to all health FSAs offered through a cafeteria plan.* |
| ❒ **Out of Pocket Maximums/Cost Sharing Limits (ACA)** | Beginning with plan years renewing on or after January 1, 2016, all group health plans need to include out of pocket maximums of no more than $6,850 for individuals and $13,700 for families. This maximum includes all medical and prescription drug expenses. |
| ❒ **Patient Protections** | Health plans must incorporate certain patient protections related to the choice of a health care professional and benefits for emergency room services, effective for plan years beginning on or after September 10, 2010. |
| ❒ **Pre-Existing Condition Exclusions (ACA)** | Beginning with plan years renewing on or after January 1, 2014, group health plans cannot impose any pre-existing condition exclusions, regardless of age. *Note: Pre-existing condition exclusions were eliminated for enrollees under age 19 starting with plan years on or after September 23, 2010.* |
| ❒ **Preventive Care Services** | Health plans must cover specific preventive care services without imposing cost-sharing requirements, effective for plan years beginning on or after September 23, 2010. |
| ❒ **Rescind Coverage** | Employers cannot rescind coverage for covered individuals, except in cases of fraud or intentional misrepresentation of material fact, effective for plan years beginning on or after September 23, 2010. |
| ❒ **90-Day Waiting Period (ACA)** | For plan years beginning or after January 1, 2014, employers will be prohibited from establishing waiting periods of more than 90 days for new enrollees. |