Appendix C:
Chart of Required Notices

For group health plans subject to Part 7 of ERISA, the following disclosures are required:

Type of Disclosure	Applicability	Content Summary	Timing
HIPAA certificate of creditable coverage (§701(e); 29 CFR 2590.701-5)	All group health plans.	◆ Date issued; ◆ Name of plan; ◆ Individual's name and ID; ◆ Plan administrator's name, address, and phone number; ◆ Phone number for further information; ◆ Individual's creditable coverage information; and ◆ An educational statement[1] regarding HIPAA, which explains: ❖ The preexisting condition exclusion rules, ❖ Special enrollment rights, ❖ The prohibitions against discrimination based on any health factor, ❖ The right to individual health coverage, ❖ The fact that state law may require issuers to provide additional protections to individuals in that state, and ❖ Where to get more information.	◆ When the certificate is provided upon request, as soon as possible. ◆ When the certificate is provided automatically upon loss of coverage and a COBRA qualifying event, not later than the end of the period for providing a COBRA election notice (generally 44 days). ◆ When the certificate is provided automatically upon loss of coverage and not a COBRA qualifying event, within a reasonable time after coverage ceases (as soon as possible).
General notice of preexisting condition exclusion (29 CFR 2590.701-3(c))	Any group health plan that contains a preexisting condition exclusion.	◆ The existence and terms of any preexisting condition exclusion under the plan, including: ❖ The length of the plan's look-back period, ❖ The maximum preexisting condition exclusion period under the plan, and ❖ How the plan will reduce the maximum preexisting condition exclusion period by creditable coverage. ◆ A description of the rights of individuals to demonstrate creditable coverage, and any applicable waiting periods, through a certificate of creditable coverage or through	Must be provided as part of any written application materials distributed for enrollment. If the plan or issuer does not distribute such materials, the notice must be provided by the earliest date following a request for enrollment that a plan or issuer, acting in a reasonable and prompt fashion, can provide the notice.

[1] In December 2004, rules were proposed regarding the coordination of the HIPAA portability rules with the rules under the Family and Medical Leave Act (FMLA). The proposed rules also include a revised educational statement for the HIPAA certificate and new model language to explain this coordination. Some plans may wish to avoid revising their certificates twice. Accordingly, until the proposed rules are final, plans can use either model certificate to fulfill its certificate obligations.

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		other means, including: ❖ A description of the right of the individual to request a certificate from a prior plan or issuer, if necessary; and ❖ A statement that the current plan or issuer will assist in obtaining a certificate from any prior plan or issuer, if necessary. ◆ A person to contact (including an address or telephone number) for obtaining additional information or assistance.	
Individual notice of preexisting condition exclusion (29 CFR 2590.701-3(e))	Group health plans that contain a preexisting condition exclusion, but only after receiving creditable coverage information from an individual that is not enough to offset the preexisting condition exclusion period.	◆ The plan's or issuer's determination of any preexisting condition exclusion period that applies to the individual (including the last day on which the exclusion applies); ◆ The basis for such determination, including the source and substance of any information on which the plan or issuer relied; ◆ An explanation of the individual's right to submit additional evidence of creditable coverage; and ◆ A description of any applicable appeal procedures.	Must be provided as soon as possible following determination of creditable coverage.
Notice of special enrollment rights (29 CFR 2590.701-6(c))	All group health plans.	A description of individuals' special enrollment rights.	At or before the time an employee is initially offered the opportunity to enroll in a group health plan.
Wellness program disclosure (§702; 29 CFR 2590.702 (f)(2)(v))	For group health plans offering wellness programs that require individuals to satisfy a standard related to a health factor.	A statement that: If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at [insert telephone number] and we will work with you to develop another way to qualify for the reward.	In all plan material that describe the terms of the wellness program.

Type of Disclosure	Applicability	Content Summary	Timing
Description of rights with respect to hospital stays in connection with childbirth (§711(d); 29 CFR 2520.102-3(u))	Group health plans that provide maternity or newborn infant coverage.	The plan's SPD must include a statement describing any requirements under Federal or State law applicable to the plan, and any health insurance coverage offered under the plan, relating to any hospital length of stay in connection with childbirth for a mother or newborn child. If the Federal law applies in some areas in which the plan operates and State law applies in other areas, the SPD should describe the different areas and the Federal or State requirements applicable in each.	In the SPD (or SMM).
WHCRA enrollment notice (§713(a))	Group health plans that provide coverage for mastectomy benefits.	◆ A statement that for participants and beneficiaries who are receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: ❖ All stages of reconstruction of the breast on which the mastectomy was performed; ❖ Surgery and reconstruction of the other breast to produce a symmetrical appearance; ❖ Prostheses; and ❖ Treatment of physical complications of the mastectomy, including lymphedema. ◆ A description of any annual deductibles and coinsurance limitations applicable to such coverage.	Upon enrollment in the plan.
WHCRA annual notice (§713(a))	Group health plans that provide coverage for mastectomy benefits.	◆ A copy of the WHCRA enrollment notice, or ◆ A simplified disclosure providing notice of the availability of benefits for the four required coverages and information on how to obtain a detailed description.	Once each year after enrollment in the plan.