

# Affordable Care Act Model Employee Notices



The Affordable Care Act requires that certain notices describing several of the provisions of the Act be distributed to employees. Below are brief descriptions of these notice requirements. The first two notices are required for all plans. The third notice is required for non-grandfathered plans only, and the fourth notice is required for all grandfathered plans. For your convenience, model notices released by the Departments of Labor and Health and Human Services are attached.

## **1. Extension of Coverage for Adult Children: *applies to all plans***

This notice notifies employee enrollees of their right to enroll an adult child up to the age of 26.

**This notice (and the opportunity to enroll an adult child up to the age of 26) must be given no later than the first day of the first plan year beginning on or after September 23, 2010.**

## **2. Lifetime Limit No Longer Applies: *applies to all plans***

This notice contains information on the removal of any lifetime limits on the dollar value of coverage, and of the right to re-enroll in the plan after previously exceeding the plan's lifetime limit.

**This notice (and the opportunity to re-enroll in the plan, if otherwise still eligible) must be given no later than the first day of the first plan year beginning on or after September 23, 2010.**

## **3. Notice of Patient Protections: *applies to plans that are NON-grandfathered plans only***

This notice includes information about certain patient protections, including the right to select any participating provider as the individual's primary care provider (or a participating pediatrician, in the case of a child's care), and the right to seek OB-GYN care without needing a referral or preauthorization.

**This notice must be provided in the plan's summary plan description (SPD) or other description of benefits given to participants.**

## **4. Disclosure of Grandfather Status: *applies to grandfathered plans only***

To maintain status as a grandfathered health plan, a plan or health insurance coverage must include a statement, in any plan materials provided to a participant or beneficiary describing the benefits provided under the plan or health insurance coverage, that the plan or coverage believes it is a grandfathered health plan within the meaning of section 1251 of the Patient Protection and Affordable Care Act and must provide contact information for questions and complaints.

**This notice must be provided in each plan year in which grandfathered status is maintained.**

## Notice of Extension of Coverage for Adult Children

If your coverage ended or you were denied health coverage (or were not eligible for coverage), because eligibility for dependent coverage for your adult children ended before attainment of age 26 (who were unmarried), you are now eligible to re-enroll in [Company name]'s [plan name]. You may request enrollment for your eligible adult children for 30 days from the date of this notice. For those dependents enrolling, enrollment will begin [date eligible to enroll].

[Insert date notice distributed]

## Notice of Removal of Lifetime Limits

The lifetime limit on the dollar value of benefits under [Company Name]'s [plan name] no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to re-enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment.

[Insert date notice distributed]

## Notice of Patient Protections

[Company name]'s [plan name/type] plan(s) generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. You do not need prior authorization from [carrier name] or from any other person in order to obtain access to obstetrical or gynecological care. For children, you may designate a pediatrician as the primary care provider. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals. For a listing of participating health care providers, please log onto [carrier Web address] or call [carrier phone number/"the number on the back of your ID card"/other appropriate contact information].

[Insert date notice distributed]

## Notice of Grandfather Status

[Company name] believes this [plan or coverage name] is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your [plan or policy name] may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, as well as changes that might cause a plan to lose its grandfathered health plan status, can be directed to [company contact information]. [For ERISA plans, insert: You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.] [For individual market policies and nonfederal governmental plans, insert: You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).]

[Insert date notice distributed]