

Benefit Disclosures and Notices

Notice	When to give it	Whom to give it to	What it is
Summary Plan Description (SPD)	<p>Within 30 days of receiving a written request</p> <p>Within 90 days of an employee becoming a participant</p> <p>Within 90 days of a beneficiary receiving a benefit, if the beneficiary has not yet received an SPD</p> <p>Within 120 days after the adoption of a new plan</p> <p>The earlier of every five years for an amended plan and ten years for a plan that has not been amended</p>	<p>Participants</p> <p>Beneficiaries receiving benefits</p>	An accurate and readily understandable summary of the key terms, rights, features, and benefits of the plan.
Summary of Material Modifications (SMM)	<p>Within 210 days after the end of the plan year in which the plan is materially amended</p>	<p>Participants</p> <p>Beneficiaries receiving benefits</p>	A summary of the changes made to an existing plan.
Summary Annual Report (SAR)	<p>The later of nine months after the end of the plan year or two months after the Form 5500 is due (including extensions)</p>	<p>Participants (including former employees with account balances)</p> <p>Beneficiaries receiving benefits</p> <p>Alternate payees receiving benefits</p>	A narrative summary of the key information included in the Form 5500.
Explanation of Benefits (EOB)	<p>Varies depending on the type of claim</p>	<p>Any individual making a claim for benefits.</p>	A summary of the claim decision.
Summary of Material Reduction in Covered Services or Benefits	<p>Within 60 days of adopting the material reduction</p>	<p>Participants</p>	Information about when and how health benefits can be extended or continued when eligibility ceases.
COBRA Election Notice	<p>Within 14 days after the employer notifies the plan administrator that eligibility for benefits has stopped (within 44 days where the employer is also the plan administrator)</p>	<p>Those eligible to make a COBRA election because of a qualifying event resulting in loss of coverage</p>	A summary of how to make a COBRA election and other alternatives, such as the Health Insurance Marketplace.

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COBRA Unavailability Notice	Within 14 days of being informed of the potential qualifying event	The individual who notifies the plan administrator of a potential qualifying event	An explanation that the individual is not eligible for COBRA continuation coverage and why.
COBRA Early Termination Notice	As soon as practical after determining COBRA continuation coverage should terminate early	Those whose COBRA continuation coverage will be ending early	An explanation of why the COBRA continuation coverage is terminating early.
Special Enrollment Rights Notice	Before or at the time the individual is eligible to enroll in plan benefits	Employees eligible for health benefits	Information about the 30-day period in which to enroll if the employee experiences an event permitting special enrollment.
CHIPRA Notice	Annually	All employees	A list of state assistance options for health insurance.
Women's Health and Cancer Rights Act (WHCRA) Notice	When first providing health benefits Annually	Participants	A summary of the mastectomy-related benefits provided by the plan.
Mental Health Parity and Addiction Equity Act (MHPAEA) Criteria for Medically Necessary Determination Notice	Upon request	Participants Eligible employees Beneficiaries Providers	A summary of the requirements for medically necessary determinations.
MHPAEA Claim Denial Notice	Upon request When required by other laws	Participants Beneficiaries	An explanation of any denial of reimbursement or payment for benefits covered by MHPAEA.
MHPAEA Increased Cost Exception Notice	When a cost exception is being used	Participants Beneficiaries DOL State agencies	A summary of the increased costs and statement that an exception to mental health parity is being applied to benefit payments.

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Summary of Benefits and Coverage (SBC)	Annually with open enrollment Within 90 days of when an individual first enrolls in the plan Within 7 days of a request	Participants Beneficiaries	A summary of key terms used by the plan and the coverage provided by the plan.
Notice of Modification to Summary of Benefits and Coverage (SBC)	Within 60 days before the change will be effective	Participants Beneficiaries	A summary of changes made to terms or coverage described in an SBC.
Claims and Appeals Review Notice	Depends on the type of claim and review process being done	Claimant	Information about the denial of a claim for benefits, including the process, appeal rights and other key features.
Notice of Coverage Options	Upon hiring a new employee	Any employee who is hired, regardless of hours worked or eligibility for health benefits	Information about the availability of marketplaces for health insurance, associated credits, and the impacts on credits of electing employer-provided coverage.
Individual Coverage Health Reimbursement Arrangement (ICHRA)	When an employee is first eligible to participate At least 90 days before the beginning of the plan year	Participants	A summary of what an ICHRA is, the availability of marketplaces for health insurance, explanation that tax credits are sometimes available and that participating in an ICHRA could impact tax credit availability.
Transparency in Coverage Notice	Annually	Participants Beneficiaries	A comparison tool for the total cost of health services and the portion the individual will be responsible for paying.
W-2	Annually by January 31	All employees	In addition to reporting income, contributions and benefits should be reported on this form.
1095	Annually by March 1	All employees working 30 or more hours per week	This provides an overview of Affordable Care Act (ACA) compliance for use by the employee in filing their personal taxes.