

## Q&A on the Summary of Benefits and Coverage Applicability Date

This guidance addresses the applicability date of the Summary of Benefits and Coverage (SBC) template and associated documents that were published on April 6, 2016 (available at: [https://www.cms.gov/ccio/Resources/Forms-Reports-and-Other-Resources/index.html#Summary of Benefits and Coverage and Uniform Glossary](https://www.cms.gov/ccio/Resources/Forms-Reports-and-Other-Resources/index.html#Summary_of_Benefits_and_Coverage_and_Uniform_Glossary)). The SBC instructions provide that: “Health plans and issuers that maintain an annual open enrollment period will be required to use the April 2017 edition of the SBC template and associated documents **beginning on the first day of the first open enrollment period that begins on or after April 1, 2017, with respect to coverage for plan years (or, in the individual market, policy years) beginning on or after that date.** For plans and issuers that do not use an annual open enrollment period, this SBC template and associated documents is required beginning on the first day of the first plan year (or, in the individual market, policy year) that begins on or after April 1, 2017.”

1. A group health plan or health insurance issuer offers plans with an annual open enrollment period. When must it use the 2017 SBC?

For a group health plan or health insurance issuer with an **annual open enrollment period**, applicability is based on the timing of the plan’s (or, in the individual market, the issuer’s) **open enrollment period**. Health plans with an **annual open enrollment period** are required to use the April 2017 edition of the SBC template and associated documents (referred to in this document as the “2017 SBC”) beginning on the first day of any *open enrollment period* that begins on or after April 1, 2017.

Qualified Health Plans (QHPs) offered through the Health Insurance Marketplace must use the 2017 SBC during the 2018 open enrollment period, which runs from November 1, 2017 – January 31, 2018.

2. A group health plan or health insurance issuer does not maintain an annual open enrollment period. When must it use the 2017 SBC?

For group health plans or health insurance issuers **without an open enrollment period**, plans and issuers are required to provide the 2017 SBC beginning on the **first day of the first plan year** (or, in the individual market, the policy year) that begins on or after April 1, 2017.

3. When are issuers required to begin using the 2017 SBC for form review in States in which HHS is doing direct enforcement?

For direct enforcement States, SBCs are considered forms by HHS. SBCs based on the 2017 template should be submitted for review at least 60 days prior to use, similar to other forms.

Because States differ in their review of SBCs (*e.g.*, some review them during form review, others may consider them to be marketing materials), issuers should follow applicable state guidelines for state enforcement activity with respect to SBCs where the State is enforcing SBC requirements.

4. What value should health plans and issuers enter on the Plans and Benefits template for “Treatment of a Simple Fracture”?

Until further notice, to satisfy template validation requirements, issuers should enter default values of “\$0” on the Plans and Benefits template for each field under the third coverage example, “Treatment of a Simple Fracture.” Until further notice, health plans and issuers may continue to use the Coverage Example Calculator approved for Plan Year 2016 to calculate data for the SBC scenarios “Having a Baby” and “Managing Diabetes.”