

Publications

Summary Judgments: What is required in the summary of benefits and coverage?

ATTORNEYS & PROFESSIONALS

Christy Tinnes

ctinnes@groom.com

202-861-6603

Brigen Winters

bwinters@groom.com

202-861-6618

PUBLISHED

11/01/2011

SOURCE

Plan Sponsor Magazine

SERVICES

Plan Sponsor has a weekly feature to help plan sponsors understand what they need to do to prepare for the impact of the Patient Protection and Affordable Care Act (PPACA). Groom principals, Christy Tinnes and Brigen Winters, serve as the health care reform experts and field weekly questions regarding the new law. The weekly questions are compiled and published each month in the “Second Opinion” column in Plan Sponsor Magazine.

On August 22, 2011, the Departments of Health and Human Services, Labor, and Treasury published a proposed rule under PPACA that requires group health plans to provide participants and beneficiaries with a uniform Summary of Benefits and Coverage (SBC) (76 Fed. Reg. 52442). The proposed rule also requires plans to provide a uniform glossary to participants upon request. Comments were due October 21, 2011. The requirement is effective March 23, 2012. In the attached article, we answer questions that health plans have been asking about these new rules.

These Q&As first appeared online in September. As health care law is rapidly evolving, there may be further developments since the initial publication.

[Summary Judgments: What is required in the summary of benefits and coverage?Download](#)