Benefits Notices Generator

Data Collection Booklet

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# Employer Information

## 

## Employer Information

Employer Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone:

Federal Tax ID:

Website:

## 

## Plan Administrator at Employer

First Name:

Last Name:

Job Title / Department:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email:

Phone:

Phone Extension:

## Employer Size and Health Plan

How many employees do you have?

1 to 19 employees

20 to 49 employees

50+ employees

Do you offer a health plan to some or all employees?

Yes

No

# 

# Types of Benefits Offered

## Welfare Benefit Plan Name

What is the name of your Welfare Benefit Plan?

## Summary of Material Reduction in Covered Services or Benefits/Summary of Material Modifications

Have you made a material reduction in covered services or benefits to your health plan within the last 60 days?

Yes

No

**[Answer the following questions only if you answered "Yes" to "Have you made a material reduction in covered services or benefits to your health plan within the last 60 days?"]**

Date material reduction made:

Date material reduction effective:

Services or benefits materially reduced:

Medical Plan

Adoption Assistance

Dental Plan

Dependent Care Reimbursement Account (DCRA) Plan

Health Flexible Spending Arrangement (FSA)

Health Reimbursement Arrangement (HRA)

Health Savings Account (HSA)

Life Insurance Plan

Long-Term Disability Plan

Prescription Drug Plan

Short-Term Disability Plan

Vision Plan

Premium Conversion Plan / Pre-Tax Contributions

Other:

Explain all of the material reductions in covered services or benefits made to the health plan:

Have you made a material modification to your health plan that **did not result** in a material reduction in covered services or benefits?

Yes

No

**[Answer the following questions only if you answered "Yes" to "Have you made a material modification to your health plan that did not result in a material reduction in covered services or benefits?"]**

Date material modification made:

Date material modification effective:

Services or benefits materially modified:

Medical Plan

Adoption Assistance

Dental Plan

Dependent Care Reimbursement Account (DCRA) Plan

Health Flexible Spending Arrangement (FSA)

Health Reimbursement Arrangement (HRA)

Health Savings Account (HSA)

Life Insurance Plan

Long-Term Disability Plan

Prescription Drug Plan

Short-Term Disability Plan

Vision Plan

Premium Conversion Plan / Pre-Tax Contributions

Other:

Explain all of the material modifications made to the health plan:

## Health Insurance Exchange Notice

Is your health plan offered to all employees or just some employees?

All employees.

Some employees. Eligible employees are:

Does your health plan offer coverage to dependents?

We do offer coverage. Eligible dependents are:

We do not offer coverage.

Does your group health plan satisfy the [minimum value](https://www.healthcare.gov/glossary/minimum-value/) and [affordability](https://www.healthcare.gov/glossary/affordable-coverage/) standards of the Affordable Care Act?

Yes

No

## Disclosure of Grandfather Status

Do you offer a "grandfathered" health plan?

Yes

No

## Notice of Patient Protections

Does your group health plan require or allow for the designation of primary care providers by participants or beneficiaries?

Yes

No

**[Answer the following questions only if you answered "Yes" to "Does your group health plan require or allow for the designation of primary care providers by participants or beneficiaries?"]**

Your group health plan:

Requires the designation of a primary care provider

Allows for the designation of a primary care provider

Does your group health plan designate a primary care provider automatically?

Yes

No

Does your group health plan require or allow for the designation of a primary care provider for a child?

Yes

No

Does your group health plan provide coverage for obstetric or gynecological care (OB/GYN care) and require the designation by a participant or beneficiary of a primary care provider?

Yes

No

## Notice of Special Enrollment Rights

If the employee and/or his/her dependents lose eligibility for coverage under another health plan, within how many days after that coverage ends must the employee request to enroll him/herself and/or his/her dependents in your group health plan?

30 days

Other:       (Must be more than 30 days)

If the employee gains a new dependent as a result of marriage, birth, adoption, or placement for adoption, within how many days must the employee request to enroll him/herself and/or his/her dependents in your group health plan?

30 days

Other:       (Must be more than 30 days)

## Wellness Program Disclosure

Do you or your group health plan offer a health-contingent wellness program?

Yes

No

## Notice of Privacy Practices

Does your health plan create or receive protected health information?

Yes

No

## Women's Health and Cancer Rights Act (WHCRA) Notices

Does your health plan provide coverage for medical and surgical benefits related to a mastectomy?

Yes

No

Deductible amount applicable to mastectomy benefits: (IN AND OUT OF NETWORK)

Coinsurance percentage applicable to mastectomy benefits: (IN AND OUT OF NETWORK)

## Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

Does your health plan offer medical/surgical benefits AND mental health or substance use disorder benefits?

Yes

No

## Michelle's Law Notice

Does your health plan require a certification of student status before providing dependent coverage beyond age 26?

Yes

No

**[Answer the following question only if you answered "Yes" to "Does your health plan require a certification of student status before providing dependent coverage beyond age 26?"]**

Enter any other permissible eligibility conditions a plan participant must satisfy to be eligible to continue coverage upon a medically necessary leave of absence from school in the box below. **Note**: A requirement that the group health plan must receive written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary will be **auto-generated**.       [If there are no other permissible eligibility conditions, leave this box blank]

## Newborns' and Mothers' Health Protection Act Notice

Does your health plan provide maternity or newborn infant coverage?

Yes

No

**[Answer the following question only if you answered "Yes" to "Does your health plan provide maternity or newborn infant coverage?"]**

Enter any additional information regarding maternity or newborn infant coverage required by state law:       [Enter any additional information. If none is applicable, leave this box blank]

## Medicare Part D Creditable or Non-Creditable Coverage Notice

Does your health plan provide Medicare Part D creditable coverage?

Yes

No

**[Answer the following questions only if you answered "Yes" to "Does your health plan provide Medicare Part D creditable coverage?"]**

If the participant decides to join a Medicare drug plan, will his or her current prescription drug coverage under your group health plan be affected?

Yes

No

Insert a sentence explaining the prescription drug coverage plan provisions/options under your group health plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D:

Will the plan participant and his/her dependents be able to get prescription drug coverage back under your group health plan if they decide to enroll in Medicare Part D prescription drug coverage and drop their current prescription drug coverage under your group health plan?

Yes

No

**[Answer the following questions only if you answered "No" to "Does your health plan provide Medicare Part D creditable coverage?"]**

Is this an Employer/Union sponsored group plan?

Yes

No

Was the previous employer-sponsored coverage creditable coverage under Medicare Part D?

Yes

No

Insert a sentence explaining the prescription drug coverage plan provisions/options under your group health plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D:

Will the plan participant and his/her dependents be able to get prescription drug coverage back under your group health plan if they decide to enroll in Medicare Part D prescription drug coverage and drop their current prescription drug coverage under your group health plan?

Yes

No

## ADA Notice Regarding Wellness Program (Only Applicable to Employers with 15 or More Employees)

Do you offer a wellness program that collects employee health information?

Yes

No/Not Applicable (fewer than 15 employees)

**[Answer the following questions only if you answered "Yes" to "Do you offer a wellness program that collects employee health information?"]**

For which specific health conditions will blood be tested?

What incentive will employees who choose to participate in the wellness program receive?

What are the criteria to receive the participation incentive?

Are additional incentives made available to employees who participate in certain health-related activities?

Yes       [Explain the additional incentives made available]

No

Are specific activities required to receive the additional incentives?

Yes       [Explain the specific activities required to receive the additional incentives]

No

Do particular health outcomes need to be achieved to receive the additional incentives?

Yes       [Explain the particular health outcomes that need to be achieved]

No

Are there any additional services that may be offered to the employee as a result of his/her biometric screening?

Yes       [List any additional services that may be offered]

No

Insert the name and contact information of each individual who will receive the employee's personally identifiable heath information as part of the wellness program:

## General Notice of COBRA Rights

If qualified beneficiaries elect COBRA continuation coverage, must the qualified beneficiaries pay for COBRA continuation coverage?

Must pay

Aren't required to pay

Does your plan provide retiree health coverage?

Yes

No

When must the employee notify the plan administrator of the following qualifying events: Divorce of the employee and spouse, legal separation of the employee and spouse, or a dependent child losing eligibility for coverage as a dependent child?

60 Days

Other:       (Must be more than 60 days)

## ACA Section 1557 Nondiscrimination Notice

Do you offer a health program or activity, any part of which receives funding from the U.S. Department of Health and Human Services (ex: Hospitals that accept Medicare or doctors who accept Medicaid)?

Yes

No

**[Answer the following question only if you answered "Yes" to "Do you offer a health program or activity, any part of which receives funding from the U.S. Department of Health and Human Services (ex: Hospitals that accept Medicare or doctors who accept Medicaid)?"]**

Use the Plan Administrator as the Civil Rights Coordinator?

Yes

No

Not Applicable (fewer than 15 employees)