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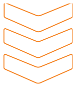
Compliance Inventory

Health and Welfare Notices, Reports and Disclosures

Version 3.02 | 05/25/2023



Compliance is Everyone's Job

Benefits compliance is more than a set of legal obligations; it presents HR professionals with an opportunity to protect those we serve—people who come to work every day and who depend on their benefits to make their lives, and the lives of their dependents, better. They have families. Some may be our friends, our neighbors or even our own families. As such, compliance belongs to everyone—leadership, business strategists, the legal team, product specialists, customer service associates and everyone in between. Benefits compliance is about doing your job right for all the right reasons.

How to use this guide

The landscape of health and welfare compliance requirements impacting group health plans is constantly evolving at both the state and federal levels. To be effective in their jobs, HR professionals, benefits managers and advisors can use this document to stay current on the topics that impact them and their business. Each section includes a summary of the compliance item and why it matters, accompanied by details about how, when, and to whom notices must be distributed.

Important Notes to Keep in Mind

Not every item in the inventory will apply to all employers. Some are limited to employees that live or work within certain geographical areas (i.e. the San Francisco Health Care Security Ordinance), others apply only to employers that are also Covered Entities, while others have additional restrictions. Additionally, some of the items in the inventory may be administered by the benefits administrator for one employer, but for others, a carrier may provide the administration. The impact of this inventory will vary materially from employer to employer; each employer should understand the true scope of their benefits administration and the corresponding compliance items.

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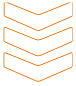

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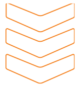

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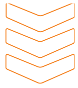

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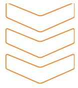

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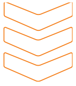

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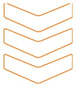

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
1 Summary Plan Description (SPD) Informs plan participants about the plan and how it operates. Must be written for average participant and must reflect the plans content as of the date not earlier than 120 days prior to the date the SPD is disclosed.	All participants and beneficiaries receiving benefits under the plan	Yes	Within 90 days of when a participant becomes covered under a plan.
2 Summary of Material Modification (SMM) Describes material modifications to a plan and changes in the information required to be in the SPD. Distribution of updated SPD satisfies this requirement.	All participants and beneficiaries receiving benefits under the plan	Yes	Not later than 210 days after the end of the plan year in which the change is made.
3 Summary of Material Reduction in Covered Services or Benefits Summary of group health plan amendments and changes in information required to be in the SPD that constitutes a material reduction in covered services.	All participants and beneficiaries receiving benefits under the plan	Yes	Generally, within 60 days of the adoption of a material reduction in group health plan services or benefits.
4 COBRA General Notice (aka Initial Rights Notice) The COBRA General Notice is a required document, with a DOL Model Notice available. This notice informs employees and spouses in a COBRA eligible plan of their rights and obligations under COBRA. Failure to provide this notice is reportable under IRS Form 8928. DOL Model Notice should be used if possible To Employers and Advisors links to model notice and COBRA Notice Provisions on DOL.gov	Employee and Spouse upon initial enrollment into COBRA eligible plan	*(legal opinion required – as this notice is required to provide spouse with notice of rights and obligations, will providing electronically to employee suffice?)	Must be sent to last known address within 90 calendar days of enrollment into a COBRA eligible plan. Note: if EAP is provided to all employees, and is COBRA eligible, providing at hire is appropriate.

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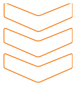

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
5 COBRA Election Notice (aka Qualifying Event Notice) The COBRA Election Notice is a required document, with a DOL Model Notice available. This notice informs COBRA qualified beneficiaries of their right to enroll in COBRA, and the timelines and requirements therein. Failure to provide this notice is reportable under IRS Form 8928. DOL Model Notice should be used if possible [To Employers and Advisors links to model notice and COBRA Notice Provisions on DOL.gov]()	COBRA qualified beneficiaries, a single notice can be sent to QBs at a single address. Dependents with different address should receive their own notice (including QMCSO dependents)	In some instances, yes, with employee consent for electronic notification. Note: consent must be provided, email address must not be employer address, and only would apply to employee included events.	Must be sent within 14 calendar days from notification by employer or employee of qualifying event.
6 Notice of Unavailability of Continuation Coverage This Notice is a required notice any time a participant requests COBRA coverage and is deemed to be ineligible for COBRA continuation. Examples of when this is required would be termination for Gross Misconduct, dissolution of a domestic partner relationship (where the employer does not extend COBRA-like benefits to the ex-domestic partner). No DOL Model exists for this notice.	COBRA Qualified Beneficiaries, a single notice can be sent to QBs at a single address.	Yes – with prior employee consent, if employee and not dependents are being sent notice.	Must be sent within 14 calendar days from notification by employer or employee of qualifying event.

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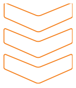

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7 Notice of Early Termination of COBRA This notice is sent to all qualified beneficiaries when their COBRA coverage terminates in advance of the end of their 18-, 29-, or 36-month COBRA event. These include, but are not limited to, termination for non-payment, termination upon request, and termination at annual enrollment. No DOL Model exists for this notice.	All qualified beneficiaries whose COBRA coverage is terminating before end of 18, 29, or 36 months of coverage.	Yes – with prior employee/QB consent	Must be sent within a 'reasonable' time period. 14 calendar days is generally considered reasonable.
8 Medical Child Support Order Notice (MCSO) Notification from plan administrator regarding receipt and qualification determination on a MCSO directing the plan to provide health coverage to a participant's noncustodial children. Also referred to as Qualified Medical Child Support Order Notice (QMCSO). (REPLACED BY NATIONAL MEDICAL SUPPORT NOTICE)	Participants, any child named in a MCSO, and his or her representative.		Upon receipt and determination of qualification status of a Medical Child Support Order (MCSO).
9 National Medical Support Notice (NMS) Notice used by state agency responsible for enforcing health care coverage provisions in a MCSO. Based upon certain conditions, employer must complete and return Part A of the NMS notice to the state agency or transfer Part B of the notice to the plan administrator for a determination on whether the notice is a qualified MCSO. Link to a Copy of the Form Link to FAQs	State agencies, employers, plan administrators, participants, custodial parents, children, representatives.	To be confirmed	Employer must either send Part A to the state agency, or Part B to plan administrator, within 20 days after the date of the notice or sooner, if reasonable. Administrator must promptly notify affected persons of receipt of the notice

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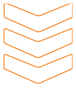

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HHS Flow Chart of NMS Process State by State Medical Support Matrix Link to Title III of the Consumer Credit Protection Act, Federal Wage Garnishment rules			and the procedures for determining its qualified status. Administrator must within 40 business days after its date or sooner, if reasonable, complete and return Part B to the state agency and must also provide required information to affected persons. Under certain circumstances, the employer may be required to send Part A to the state agency after the plan administrator has processed Part B.
10 Notice of Special Enrollment Rights Notice describing the group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement for adoption. https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/hipaa-compliance.pdf	Employees eligible to enroll in a group health plan	Yes, often included within SPD	At or before the time the employee is initially offered the opportunity to enroll in the group health plan.

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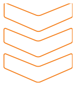

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
11 Employer CHIP Notice (aka CHIPRA Notice) Employer (rather than plan) must notify employees of (potential) premium assistance opportunities available in the state they reside. A model notice is available at www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra. *Additionally, plans and issuers are required to permit employees and dependents who are eligible for, but not enrolled in, a group health plan to enroll in the plan upon: (1) Losing eligibility for coverage under a State Medicaid or CHIP program, or (2) becoming eligible for State premium assistance under Medicaid or CHIP. The employee or dependent must request coverage within 60 days of being terminated from Medicaid or CHIP coverage or within 60 days of being determined to be eligible for premium assistance.* Link to model CHIP Notice Link to CHIP Notice info on DOL.gov Link to Compliance Assistance Guide	The notice must be provided annually to all employees residing in each premium assistance subsidy state, including employees not enrolled in the plan.	Yes, often included within SPD	Distributed annually.
12 Wellness Program Disclosure Notice given by any group health plan offering a *health contingent wellness program* in order to obtain a reward. The notice must disclose the availability of a reasonable alternative standard (or possibility of waiver of the otherwise applicable standard). Disclosure must include contact information for obtaining the alternative and a statement that recommendations of an individual's personal physician will be accommodated.	Participants and beneficiaries eligible to participate in a health contingent wellness program in order to obtain a reward.	Yes. The notice can be given in any format that will be effective in reaching employees being offered an opportunity to participate in	In all plan materials that describe the terms of a health contingent wellness program (both activity-only and outcome-based wellness programs). For outcome-based wellness programs, this notice must also be

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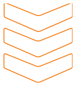

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A health contingent wellness program is a program that requires an individual to satisfy a standard related to a health factor to obtain a reward. Link to Compliance Assistance Guide Link to sample notice for employer-sponsored wellness programs https://www.eeoc.gov/eeoc/newsroom/release/6-16-16.cfm		the wellness program	included in any disclosure that an individual did not satisfy an initial outcome-based standard. Any plan materials that do not describe the terms of the plan, do not need to include the notice.
13 Newborns' and Mother's Health Protection Act Description of Rights Notice to plan participants describing any requirements under federal or state law that relate to a hospital length of stay in connection with childbirth. If the federal law applies in some areas in which the plan operates and state law applies in other areas, the SPD should describe the federal or state requirements applicable to each area. Link to Compliance Assistance Guide	Plan Participants.	Yes, included within SPD	Notice must be included in the Summary Plan Description.
14 Michelle's Law Enrollment Notice Notice to plan participants that include a description of the Michelle's Law provision for continued coverage during medically necessary leaves of absence. See ERISA section 714(c).	Plan Participants.		*Many employers no longer require FTS validation or certification, making this notice not applicable for them.* If an employer does require this, this notice must be included in any notice regarding

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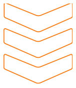

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
			a requirement for certification of student status for coverage under the plan. Note: Under the Affordable Care Act, plans cannot deny or restrict coverage for a child under the age of 26 based on student status.
15 Women's Health and Cancer Right Act (WHCRA) Notice Notice describing required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy.	Participants		Notice must be furnished upon enrollment and annually.
16 Mental Health Parity and Addiction Equity Act (MHPAEA) Criteria for Medically Necessary Determination Notice Notice must provide beneficiaries the criteria for medically necessary determinations with respect to mental health/substance use disorder benefits. MHPAEA also restricts limitations on plan access, utilization, and design that are considered more restrictive than those in place for Medical/Surgical benefits. See recent (2018) guidance on this piece. Link to Self-Compliance Tool	Any current or potential participant, beneficiary or contracting provider.		Notice must be provided upon request.

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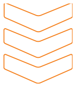

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
17 Mental Health Parity and Addiction Equity Act (MHPAEA) Claims Denial Notice Notice must provide the reason for any denial of reimbursement or payment for services with respect to mental health/ substance use disorder benefits. See 29 CFR § 2590.712(d)(2). Link to Self-Compliance Tool	Participant or beneficiaries.		Notice must be provided upon request.
18 Mental Health Parity and Addiction Equity Act (MHPAEA) Increased Cost Exemption A group health plan claiming MHPAEA's increased cost exemption must furnish a notice of the plan's exemption from the parity requirements to plan participants. See 29 CFR § 2590.712(g)(6). Link to Self-Compliance tool	Participants, beneficiaries, EBSA and state regulators.		Notice must be provided if using the cost exemption.
19 Grandfathered Plan Disclosure Notice Notice must disclose that the plan is grandfathered and must include contact information.	Participants and beneficiaries.	Yes, within SPD	Notice must be included in any plan materials describing the benefits or health coverage.
20 Summary of Benefits and Coverage (SBC) and Uniform Glossary A template that describes the benefits and coverage under the plan, and a uniform glossary defining statutorily and NAIC recommended terms.	Participants and Beneficiaries		SBC must be provided to participants and beneficiaries with enrollment materials and upon renewal or reissuance of coverage.

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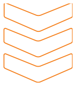

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The SBC must include an Internet address where an individual can review the Uniform Glossary as well as contact information for obtaining a paper copy. SBC template https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-template-final.pdf Uniform Glossary https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-terms-final.pdf			SBC must also be provided to special enrollees not later than the date by which an SPD is required to be provided (90 days from enrollment). The SBC and a copy of the uniform glossary must also be provided upon request (within 7 days)
21 Summary of Benefits and Coverage Notice of Modification If a plan makes a material modification in any of the plan terms that would affect the content of the SBC that is not included in the most recently provided SBC, the plan must provide notice of the change. This does not apply to changes that occur in connection with renewal or reissuance.	Participants and beneficiaries		Notice must be provided no later than 60 days prior to the date on which the modification will become effective.
22 Notice Regarding Designation of a Primary Care Provider If a non-grandfathered plan requires a participant or beneficiary to designate a primary care provider, the plan must provide notice of the terms of the plan or coverage regarding designation of a primary care provider and participants' rights to designate any participating primary care provider who is available to accept the participant; with respect to a child to designate any participating physician who specializes in pediatrics; and that the plan may not require authorization or referral for OB/GYN care by a participating OB/GYN professional.	Plan participants		Notice must be provided within the Summary Plan Description (SPD) or any other similar description of benefits.

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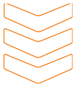

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Model language https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/patient-protection-model-notice.doc			
23 Employer Notice to Employees of Coverage Options (Marketplace Notice) Notice informing employees of the availability of the health care Marketplace, the potential availability of a tax credit, and that an employee may lose the employer contribution if the employee purchases a qualified plan.	To all employees, regardless of plan eligibility or full/part time employment status		To all new employees.
24 COBRA Conversion Notice Notice to participants that are enrolled in a plan that offers a conversion policy advising them of the conversion option and how to enroll.	COBRA Qualified beneficiaries enrolled in a plan that offers a conversion policy.		Must be mailed within 180 days before the end of the COBRA coverage period (within the last 6 months of COBRA).
25 Short Payment Letters The participants receive this notice and must also be given an extension on their grace period of 30 days from the date of the partial payment notice (or, the employer can consider the payment made in full). This notice notifies them of the short payment and gives them time to pay the shortfall.	Notice to participants that make a payment during the COBRA grace period that is short by an insignificant amount (defined as 10% or $50, whichever is less).		Must be sent immediately upon receipt of short payment.

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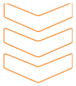

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
26 COBRA Secondary COBRA Qualifying Event Notices (optional process) If the employer/administrator requires participants to re-enroll following a secondary life event (i.e. death of employee following a termination of employment event) the notice must be sent to all COBRA Qualified Beneficiaries. Alternatively, the employer/administrator could extend coverage to 36 months automatically upon notification of a secondary COBRA event.	Notice sent to individuals (actively enrolled in COBRA) reporting a secondary COBRA Qualifying Event. Sent at the time of the secondary event (i.e, death of employee occurred and reported within 18 months of a termination of employment event.)	With prior consent for electronic distribution	Sent at time of secondary COBRA qualifying event.
27 HW Appeal Approval Notice Participants have the right to appeal decisions that a plan makes that they believe are incorrect. First level appeals are considered 'internal' and managed within the plan. Notices must be sent confirming the decisions made by the plan regarding the appeal. See Q-3 for eligibility appeal information. https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/benefit-claims-procedure-regulation	Distributed to participants upon approval of an appeal for benefits under the plan	Possibly, but typically sent via USPS	At time of determination.

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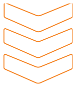

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
https://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/csg-ext-appeals-facts.html			
28 HW Appeal Denial Notice If a participant appeals a group health plan's decision and their appeal in denied – a notice must be sent informing the participant of the decision. See Q-3 for eligibility appeal information. https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/benefit-claims-procedure-regulation https://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/csg-ext-appeals-facts.html	Distributed to participants upon denial of an appeal for benefits under the plan	Possibly, but typically sent via USPS	At time of determination.
29 OBRA Extension Approval Notice The OBRA extension approval notice is sent to participants confirming their approval for an 11-month extension to COBRA continuation coverage (to a total of 29 months)	Sent to COBRA qualified beneficiaries who are approved for a disability extension (11 months) extending their COBRA to 29 months.	With participant prior consent	At the time the determination is made regarding their disability extension.
30 OBRA Extension Denial Notice The OBRA extension denial notice is sent if a COBRA qualified beneficiary contacts the COBRA administrator or employer regarding the 11-month COBRA disability extension, but is deemed ineligible for this extension.	Sent to COBRA qualified beneficiaries who are NOT approved for a disability		At the time the determination is made regarding their disability extension.

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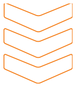

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
	extension (11 months) extending their COBRA to 29 months.		
31 COBRA Participant Turning Age 65 Letter (Optional) If the COBRA administrator terminates COBRA upon an individual turning age 65, they need to be told that their coverage will terminate unless they notify the COBRA administrator that they are NOT enrolling in Medicare coverage (COBRA terminates upon Medicare entitlement, which is enrollment in Medicare, not just eligible for Medicare plans).	If the COBRA administrator terminates COBRA coverage automatically at age 65, unless the participants confirms they are NOT enrolling in Medicare, then this notice must be sent to qualified beneficiaries notifying of this process and their need to notify COBRA administrator if they are NOT enrolling in Medicare.		Sent 60-90 days prior to the employees 65th birthday/Medicare eligibility date.
32 Medicare Mandatory Insurance Reporting (MMIR)	No notice requirements	N/A	N/A

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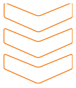

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
Quarterly reporting to Medicare from employers that are considered a responsible reporting entity (RRE) identifying who are participants (employees and dependents) that are Medicare beneficiaries in the employer plan that is primary to Medicare. In return, CMS sends the RRE Medicare enrollment information.			
33 Imputed Income Calculations, including Domestic Partner Calculation of imputed income at the state and/or federal level for certain benefit types. The $50k coverage limitation is eliminated and the total cost of group-term-life in any amount is excludable from the gross income where: • The employee is disabled • The employer is directly or indirectly the beneficiary of the insurance or • A charitable organization is the sole beneficiary. https://www.law.cornell.edu/uscode/text/26/79 https://www.irs.gov/government-entities/federal-state-local-governments/group-term-life-insurance	Typically, payroll file sent to employer	N/A	Employer payroll determined frequency.
34 HIPAA Privacy Notices Notices indicating how the plan will use and disclose protected health information. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html	Sent to participants.	Need Update	Distributed at enrollment, upon request, and every three years (or more frequently, if changes to practices are made).

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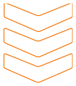

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
35 IRS Form 1095-C Affordable Care Act information reporting for employers to report both IRC § 6055 and 6056 required data to participants (and via AIR XML submission) to the IRS https://www.irs.gov/forms-pubs/about-form-1095-c	Distributed to all full-time employees, and participants in the employers group health plan self-insured medical plans. (In some instances, a 1095-B may be used in place of a 1095-C).	Yes, with explicit consent (specific to Form 1095 provided by participant).	Generally, produced and mailed by January 31, for preceding tax year.
36 IRS Form 1094-C IRS Form 1094-C is the transmittal form for an employer's IRC § 6055 and 6056 information. For larger employers, this is typically submitted electronically, with 1095 data, via AIR XML Files. https://www.irs.gov/forms-pubs/about-form-1094-c	Electronically submitted to IRS	Yes – submission to IRS	Annually, by March 31 – unless extensions are provided. Updates and Correction files are sent periodically after January.
37 ACA Definition FTE Determination This can take the form of Monthly Measurement Method, Look Back Method, or Affirmation of the 98% method. All large employers must determine their approach for determining who is an FTE for IRC § 6055/6056 purposes.	No notice is required	N/A	N/A
38 Medicare Part D, Notice of Creditable Coverage The notices confirm whether the retiree drug plan is considered Creditable Coverage (meaning, equal to or better than Medicare Part D coverage).	Notice sent to participants in a retiree drug program		Notices must be sent annually, and upon request.

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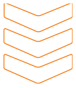

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
https://www.medicare.gov/forms-help-resources/mail-you-get-about-medicare/notice-of-creditable-coverage			
39 Medicare Part D Retiree Drug Subsidy (RDS) file (outbound to CMS) For employers participating in the Retiree Drug Subsidy (RDS) program, this file is required.	File sent to CMS	N/A	Monthly
40 Medicare Part D Retiree Drug Subsidy (RDS) file (inbound from CMS) For employers participating in the Retiree Drug Subsidy (RDS) program, this file is required.	File received from CMS	N/A	Monthly, errors, and fallout from Retiree Drug Subsidy File.
41 Notice of Patient Protections Notice to inform plan participants of their rights to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization. The notice must be provided whenever the plan or issuer provides a participant with a summary plan description or other similar description of benefits under the plan or health insurance coverage. https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/preexisting-condition-exclusions	Plan participants	Typically, within SPD	Included with open enrollment materials.
42 W-2 Reporting of Aggregate Cost of Group Health Coverage	Included on the employee's W-2	W-2 distribution rules apply	Annually, in January.

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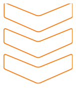

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Employers that are subject to the requirement to report the cost of group health coverage report the value of the health care coverage in Box 12 of the Form W-2, with code DD. Only certain coverage types must be included in the cost figure. https://www.irs.gov/instructions/iw2w3			
43 W-2 Reporting of employer and employee contributions to a Health Savings Account (HSA). Employers that are subject to the requirement to report the employer's contribution to the employee's Health Savings Account in Box 12 of the Form W-2, with code W. https://www.irs.gov/instructions/iw2w3	Included on the employee's W-2	W-2 distribution rules apply	Annually, in January.
44 Patient Centered Outcomes Research Institute (PCORI) reporting Employers are required to report plan participant counts in self-insured plans and pay a per-participant fee for each member in a self-insured plan. Employees must be provided with counts of plan participants calculated using one of the ACA prescribed methodologies (actual count, snapshot method, etc.) The fee was recently extended for an additional 10 years, beginning in 2020. https://www.irs.gov/newsroom/patient-centered-outcomes-research-institute-fee	No notice requirements	N/A	N/A
45 Health Coverage Tax Credit Unless it is extended further, displaced workers (whose position is eliminated due to offshoring) may be eligible for a Health Coverage Tax Credit that will reimburse, or pay outright, 72.5% of their COBRA premium. Participants can either send their	Bruce Note: Talk to Todd No notice to participants	N/A	N/A

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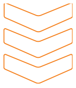

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portion of the COBRA premium to the HCTC, and they will submit the full premium to the COBRA administrator, or the participant can file for the credit to be reimbursed on their taxes. As of Jan 2020, it was extended through the end of 2020. https://www.irs.gov/credits-deductions/individuals/hctc?_ga=1.84784412.447692438.1477588290 https://www.irs.gov/credits-deductions/individuals/health-plan-administrators			
46 Rescission Notices Group Health Plans and health insurers that want to terminate an individual's coverage retroactively must provide a notice 30 days in advance of the proposed rescission of coverage. See also: (for exception for termination of employment as normal course of business) https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs2.html	Notice provided to any individual whose coverage is terminated retroactively (rescinded) where the individual has paid for premiums for the coverage period being rescinded.	Not advised	30 days in advance of the rescission of coverage.
47 Nondiscrimination and Accessibility Requirements Notice Covered entities are required to include a nondiscrimination and accessibility notice in material communications, including taglines in top 15 languages spoken nationally by persons with limited English proficiency. See link	Included in significant communications, no itemized list of which communications is provided.		Alongside other communications sent by covered entity.

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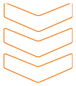

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(f)(1) Each covered entity shall post the notice required by paragraph (a) of this section and the taglines required by paragraph (d)(1) of this section in a conspicuously-visible font size: (i) In significant publications and significant communications targeted to beneficiaries, enrollees, applicants, and members of the public, except for significant publications and significant communications that are small-sized, such as postcards and tri-fold brochures.			
48 Notices regarding disclosures of genetic information under the Genetic Information and Nondiscrimination Act (GINA). Link to sample notice Notice that must be provided to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. Must be provided to all employees eligible for wellness plans that collect employee health information.	To employees of employers that collect medical information as part of a wellness plan.		At time of enrollment in wellness plan.
49 San Francisco Health Care Security Ordinance (HCSO) On a quarterly basis, employers are obligated to contribute a city defined minimum hourly rate towards their employees health care. The calculations and reporting requirements for this were modified in late 2017 – with material changes impacting 2018 and beyond. Note: employees that are offered benefits but waive are not excepted from the contribution calculation for their employer (unless they voluntarily sign the waiver form).	No participant notices – but some employers may look to distribute a voluntary benefits waiver form for those residing within San Francisco that do not elect benefits.	Yes – but voluntary waiver form must contain all of the prescribed language on the model form.	Form MUST be voluntary, and cannot be required. Can be available at any time.

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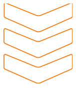

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50 New York Paid Family Leave Employers with employees in the state of New York must offer their employees Paid Family Leave. Employees must contribute to the cost of this leave, with some exceptions where employees are not eligible to receive benefits. https://www.ny.gov/programs/new-york-state-paid-family-leave	No notice requirements	N/A	N/A
51 Minnesota Continuation Coverage (for Life Insurance) Minnesota Residents who are enrolled in a group life insurance benefit who lose their eligibility for the life insurance due to termination of employment or reduction in hours are eligible to continue the life insurance for a maximum of 18 months. Notification and billing restrictions are similar to COBRA, and at the end of the continuation period, conversion options must be made available. Only applies to reduction in hours and termination of employment events.	Enrollment option for Minnesota life must be provided at time of loss of life insurance benefits.	Typically sent with COBRA notice. If permission to send COBRA notice electronically is provided, this would be included.	At time of loss of life insurance due to reduction in hours or termination of employment.
52 Hawaii Prepaid Health Care Act of 1974 This act requires employers to offer, and pay for a portion of, coverage to employees working 20 or more hours per week. The HC-5 Form is a notice that employers should provide to employees waiving coverage, to capture the formal waiver, to then be sent to the Hawaii Department of Labor and Industrial Relations. http://labor.hawaii.gov/dcd/about-phc/ https://labor.hawaii.gov/dcd/files/2019/09/hc52020.pdf	The HC-5 form should be sent to any employee waiving coverage at the time of the coverage waiver.	Not addressed within guidance	At the time the employee waives coverage.

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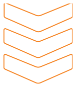

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53 Vermont Health Care Affordability Act The Vermont Health Care Affordability Act requires each employer with employees in Vermont to contribute towards the cost of uninsured employee's health care. At a rate of $365 per employee per year (submitted quarterly) that does not have insurance (forgiving the first 4) employers are assessed for all other Vermont employees without insurance. http://laborcenter.berkeley.edu/vermonts-health-care-affordability-act/	No notice requirements	N/A	N/A
54 Massachusetts HB-3822 "An Act Further Regulating Employer Contributions on Health Care" This act primarily did two things – raised the EMAC (employer medical assistance contribution) to 0.51%, up from the current 0.34% for fully-subject employers, raising the cost per employee to $77 where is was previously $51. The second portion of this act introduces a new assessment on employers for any employee residing in Massachusetts that receives coverage from the MassHealth program or opts out of the employer health plan and receives subsidized coverage from the Massachusetts Health Connector (the state health exchange). The assessment will be equal to 5% of each employee enrolling in the state program's wages, with a maximum of $750 per worker.	No notice requirements	N/A	N/A
55 Cal-COBRA (AB 1401) Fully insured plans in the state of California must offer an extension of COBRA continuation for 18-month COBRA events to a total of 36 months. Cost of coverage for months 19-36 is 110% of the full premium.	Included in COBRA Qualifying Event information if BSC is the COBRA administrator and	Not specified within regulations.	If included in with the initial COBRA information, distributed at the time of the initial

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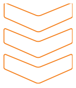

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https://www.insurance.ca.gov/01-consumers/110-health/frequently-asked-questions.cfm	supporting Cal-COBRA. Should indicate cost increase for months 19-36		COBRA qualifying event.
56 HIPAA Business Associate Agreement compliance HIPAA Rules generally require that covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard protected health information. The business associate contract also serves to clarify and limit, as appropriate, the permissible uses and disclosures of protected health information by the business associate, based on the relationship between the parties and the activities or services being performed by the business associate. https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html	No notice requirement	N/A	N/A
57 IRS Form 8928 Failures in COBRA, HIPAA, and other federally mandated administrative requirements must be self-reported by employers on IRS Form 8928. Employers should gather necessary information to aid in reporting, if required.	No participant notice. IRS Form 8928 submitted by employer annually to the IRS.	N/A	With tax filing
58 Uniformed Services Employment / Reemployment Rights Act USERRA is essentially 24 months of COBRA-like coverage for employees who lose access to group health plan coverage due to military leave. Billing and notice requirements are similar to COBRA and most employers either 1) keep employees on	Typically offered concurrent with COBRA – such that a COBRA Election Notice is sent	Yes, with prior employee consent	Distributed in line with the COBRA notice requirements.

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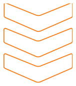

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military leave on active benefits or 2) provide for 24 months of COBRA for military leave employees to that COBRA and USERRA can run concurrently.	indicating a 24-month COBRA Event.		
59 New Medicare Card Act (AKA CMS SSN Removal Initiative) Effective April 1, 2018, CMS will begin issuing Medicare Cards without the HICN (Health Insurance Claim Number) that has previously been used. The HICN is SSN based – and to improve security, CMS is going with a random alpha-numeric Medicare Beneficiary ID (MBI). Any reporting featuring the HICN will need to support the MBI effective in April (and will need to support BOTH from April '18 to December '19)	No notice requirement	N/A	N/A
60 Texas SB 51 Texas state law for fully insured plans requires that employers is liable for individual insured's premium from the time the individual is no longer part of the group eligible for coverage under the policy until the end of the month in which the insurer is notified the individual is no longer part of the group eligible for coverage under the policy, and the individual remains covered under the policy until the end of that period. http://www.legis.state.tx.us/tlodocs/79R/billtext/html/SB00051F.HTM	No notice requirement	N/A	N/A
61 HIPAA Breach Notice HIPAA covered entities and their business associates are required to provide notification following a breach of unsecured protected health information. https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html	Covered entities must provide notification of the breach to affected individuals, the Secretary, and, in		The business associate must notify the covered entity following the discovery of the breach. A business associate must provide notice to

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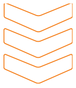

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	certain circumstances, to the media. In addition, business associates must notify covered entities if a breach occurs at or by the business associate		the covered entity without unreasonable delay and no later than 60 days from the discovery of the breach.
62 California SB-179 Gender Recognition Act The bill allows for three gender designations on birth certificates and driver's licenses issued within the state of California: Male, Female, and Nonbinary. The bill also removes any clinical/medical requirements associated with the process to change genders on driver's licenses or birth certificates.	No notice requirements as of 01/01/2018	N/A	N/A
63 Termination "in anticipation of divorce" If someone terminates active benefits in advance of a divorce, it can be deemed a 'termination in anticipation of divorce', and the ex-spouse should be offered COBRA from the effective date of the divorce even though they did not have coverage immediately prior to the divorce being finalized. i.e. drop spouse during AE, following April, divorce is finalized. Dropping spouse was in anticipation of divorce, and COBRA should be offered.	No unique notice, standard COBRA Notice (with Divorce Qualifying Event) is used.	N/A	Immediately following notification that divorce is finalized (if notified within required timeframe of a divorce).
64 New York State Continuation State continuation law extends COBRA for up to a total of 36 months. Only applies to fully insured plans. Fees remain 102%. This state continuation coverage does not	If applicable, COBRA communications need to be		If supported by vendor, COBRA QEN should be updated to reflect extended times.

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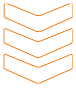

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apply to self-funded plans, dental-only plans, vision-only plans or prescription-only plans. Link to additional information	updated to reflect these changes		
65 Massachusetts 1099-HC / HIRD form Massachusetts' Form 1099-HC / HIRD form provides information for Massachusetts residents to meet their state individual mandate requirements. There is no required template to be used, but forms must include all the required elements and data must be reported to the state of Massachusetts. Link to additional information and how to submit data to Massachusetts DOR http://www.mass.gov/dor/individuals/health-care-reform-information/employers/frequently-asked-questions-employers.html https://www.mass.gov/service-details/learn-about-health-care-reform-as-an-insurance-carrier	Employees within Massachusetts	Yes, with prior consent	By January 31, annually.
66 California Health Insurance Premium Payment (HIPP) Program California residents that are living with certain medical conditions, and qualify for Medi-Cal (California's Medicaid) are eligible to have the state pay for their COBRA and Cal-COBRA coverage. A notice must be provided to these employees at the time of their termination of employment/loss of benefits. Link to Sample Notice Link to Program information	QEN recipients within California	Sent with COBRA notice.	Within the QEN.

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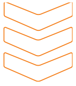

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67 Massachusetts Pregnant Workers Fairness Act Massachusetts regulation, effective on April 1, 2018, that expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers' obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Employee Notice requirements are included within this regulation. Link to state guidance	Notice provided to all employees by April 1, 2018. To new hires at or prior to start of employment, and to any worker notifying the employer of a pregnancy or pregnancy related conditions.	Not addressed within the guidance	Not specified within guidance.
68 General Data Protection Regulation (GDPR) Similar to the HIPAA Security and Privacy Rules, the GDPR is the primary European Union's (EU) data protection legislation.	N/A	N/A	N/A
69 AARP v EEOC Wellness Ruling The EEOC Wellness Rules issued in 2016 were challenged by the AARP – saying the rules were arbitrary and did not protect employees from financial coercion. As of 1/1/19, the EEOC regulations are being vacated regarding employee wellness programs and the amount of incentive employers can offer for the participation in wellness plans that collect.	N/A	N/A	N/A
70 Early Retiree Reinsurance Program Notice (ERRP) Notice	N/A	N/A	N/A

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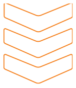

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Part of the ACA, the ERRP was designed to financially encourage employers to provide retiree health coverage to employees from 2010 to 2014, when market protections from ACA kicked in. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Insurance-Programs/Early-Retiree-Reinsurance-Program.html			
71 New Jersey Individual Mandate Reporting Aka The New Jersey Health Insurance Market Preservation Act – provides the requirement that residents within the state of New Jersey obtain Minimum Essential Coverage or pay a tax penalty equal to the ACA's individual mandate penalty. Effective 1/1/19 http://www.njleg.state.nj.us/2018/Bills/A3500/3380_R1.PDF	1095 reporting meets the NJ requirements	Yes, in alignment with federal 1095 requirements	Annually, aligns with federal deadlines. Reporting to state due by 3/31 of following year.
72 Washington DC Individual Mandate Reporting Effective 1/1/2019, with reporting requirements not yet defined, Washington DC has instituted an individual mandate similar to that within the Affordable Care Act. link to legislation (see Title 5, subtitle A)	1095 reporting meets the DC requirements	Yes, in alignment with federal 1095 requirements	Annually, aligning with federal deadlines. Reporting to district due by 6/30/2020, likely will be 3/31 of following year ongoing.
73 Vermont Individual Mandate Reporting Effective 1.1.2020, this legislation (H. 696) imposes an individual mandate on residents of Vermont. Enforcement and other requirement specifics have not been	TBD	TBD	TBD

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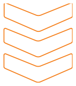

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
determined by the state at this time. 2019 healthcare legislation (H 524) did not include a financial penalty for those not enrolling in healthcare. Link to H. 696 legislation Link to H. 524 summary			
74 Seattle Hotel Employees Health and Safety Initiative This far reaching legislation addresses a variety of safety items and health issues impacting employees of hotels in the Seattle area. Among the benefits considerations – employees of large hotels in Seattle must pay no more than 5% of their gross taxable wages towards the cost of health insurance or the employer must pay them additional compensation. Link to additional information	N/A	N/A	N/A
75 California Consumer Privacy Act of 2018 California enacted a broad set of consumer protections, effective 1/1/2020. The bill allows consumers to request information on who a vendor is selling their information to, the right to request it be deleted, and other protections. The legislation specifically excludes HIPAA protected PHI collected by a covered entity, but covers many other data types. Link to legislation	Updated Privacy Notice	Privacy Notice posted to company websites must include additional information. No mailed notices.	N/A
76 Section 125 Nondiscrimination Testing	N/A	N/A	N/A

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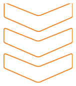

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
Testing required to confirm that the group health plan does not discriminate in favor of highly compensated employees. Failure results in the loss of tax favored status for the benefits for the highly compensated employees.			
77 Section 129 Dep Care FSA Nondiscrimination Testing This testing is required to ensure that the Dependent Care FSA plans do not discriminate in favor of highly compensated employers. This series of tests should be utilized annually (at various points in the year) to validate the plan beneficiaries are not disproportionately skewed to highly compensated. Failure results in the loss of the tax favored status of the benefit for the highly compensated employees.	N/A	N/A	N/A
78 Section 79 Group Term Life Nondiscrimination Testing This testing is required to ensure that the plans do not discriminate in favor of highly compensated employers. This series of tests should be utilized annually (at various points in the year) to validate the plan beneficiaries are not disproportionately skewed to highly compensated. Failure results in the loss of the tax favored status of the benefit for the highly compensated employees.	N/A	N/A	N/A
79 Section 105(h) Self-Insured Group Health Plan Nondiscrimination Testing This testing is required to ensure that the plans do not discriminate in favor of highly compensated employers. This series of tests should be utilized annually (at various points in the year) to validate the plan beneficiaries are not disproportionately skewed to highly compensated. Failure results in the loss of the tax favored status of the benefit for the highly compensated employees.	N/A	N/A	N/A

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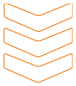

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
80 Section 137 Adoption Assistance Nondiscrimination Testing This testing is required to ensure that the plans do not discriminate in favor of highly compensated employers. This series of tests should be utilized annually (at various points in the year) to validate the plan beneficiaries are not disproportionately skewed to highly compensated. Failure results in the loss of the tax favored status of the benefit for the highly compensated employees.	N/A	N/A	N/A
81 Section 127 Educational Assistance Nondiscrimination Testing This testing is required to ensure that the plans do not discriminate in favor of highly compensated employers. This series of tests should be utilized annually (at various points in the year) to validate the plan beneficiaries are not disproportionately skewed to highly compensated. Failure results in the loss of the tax favored status of the benefit for the highly compensated employees.	N/A	N/A	N/A
82 California Individual Mandate (SB 78) Effective 1.1.2020, this legislation imposes an individual mandate on residents of California. Reporting requirements align with the ACA reporting requirements – although specific state submission process has not been defined at this time. First reporting due Q1 2021 for Tax Year 2020.	Covered individuals	Yes – Aligns with ACA 1095 notice requirements	Not confirmed, but if 1095 rules are followed, employer recognized as compliant.
83 Individual Coverage Health Reimbursement Arrangement Newly available for years starting 1/1/20 or later – allows for an HRA that can be used to reimburse the cost of an individual plan. While the HRA would be considered a group health benefit, the individual coverage would not. Cannot be offered to	To anyone eligible for the Individual Coverage Health Reimbursement Arrangement	Yes, with consent	At the time enrollment in the plan is offered.

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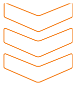

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
employees that are eligible for a traditional group health benefit. Notice must be distributed 90 calendar days prior to the start of the new plan year. Individual Coverage HRA Model Notice			
84 Excepted Benefit Health Reimbursement Arrangement Newly available for years starting 1/1/20 or later – allows for an HRA that can be used to reimburse for the cost of excepted benefits. Capped at $1800 per year, this HRA can be offered to employees that are eligible for other group health benefit.	N/A	N/A	N/A
85 Rhode Island Individual Mandate Effective 1.1.2020, this legislation imposes an individual mandate on residents of Rhode Island. Reporting requirements align with the ACA reporting requirements – although specific state submission process has not been defined at this time. First reporting due Q1 2021 for Tax Year 2020.	Covered individuals	Yes – Aligns with ACA 1095 notice requirements	Not confirmed, but if 1095 rules are followed, employer recognized as compliant.
86 California Flexible Spending Account Notice Requirements Participants in a Flexible Spending Account (regardless of whether it is Dependent Care, Health Care, Adoption Reimbursement, etc.) must notify plan participants of any deadline to withdraw funds before the end of the plan year. Notice shall be by two different forms, one of which may be electronic Link to requirements here	FSA Plan Participants	Yes, for one of the two required notices	Prior to the end of the plan year.

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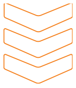

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
87 Washington (State) OIC rules (RCW 48.30.050) Every advertisement of, by, or on behalf of an insurer shall set forth the name in full of the insurer and the location of its home office or principal office, if any, in the United States (if an alien insurer).	No Notice Requirements	N/A	N/A
88 CARES Act change to OTC Medication and Menstrual Care Products as Qualified Expenses The CARES Act, which primarily served as a COVID relief bill, did make a few permanent changes to the group health plan rules. Specifically, over-the-counter medication and menstrual care products were designated to be qualified medical expenses. Link to CARES Act	No Notice Requirements	N/A	N/A
89 Indexing of HC FSA Carryover Amounts Per IRS Notice 2020-33, carryover limits are capped at 20% of the maximum contribution limit for that year. Plan documents must reflect these rules. Link to IRS Notice 2020-33	Plan documents must reflect these rules	N/A	N/A
90 Telehealth as a Group Health Plan Per DOL FAQs (See question 14, at link below) a Telehealth programs is 'a group health plan subject to federal requirements applicable to group health plans.' This could include COBRA, ACA/1095 Reporting, etc. Employers should evaluate their Telehealth programs for potential reporting or continuation requirements.	No Notice Requirements	N/A	N/A

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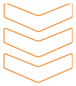

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
Link to DOL FAQs			
91 New Jersey Pre-Tax Transit Benefit Mandate The New Jersey transit mandate requires New Jersey employers of at least 20 employees to offer a pre-tax transportation fringe benefit to employees (who are not currently in a collective bargaining agreement) beginning March 1, 2020 Link to New Jersey Transit Law Information	No Notice Requirements	N/A	N/A
92 Transparency Final Rule The Transparency Final Rule is designed to provide additional information to health care consumers. Several pieces of data regarding services, claims denial rates, any negotiated rates for all covered health care items and services, including prescriptions, estimated cost-sharing liability for the insured and how much the insured has already paid toward the plan's deductible or out-of-pocket max. Under the final rules, plans and issuers are required to provide estimates for the 500 items and services identified in Table 1 for plan years (in the individual market, for policy years) beginning on or after January 1, 2023. Plans will be required to disclose pricing for all items and services for plan years beginning on or after January 1, 2024 Link to Transparency Final Rule	Pricing information posted online (not scheduled notices)	N/A	N/A

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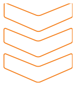

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
This FAQ document, found here, provides guidance on several areas – and includes a delay in enforcement of the requirement for plans to publish machine-readable files disclosing in-network rates and out-of-network allowed amounts and billed charges.			
93 California Privacy Rights Act (CA Proposition 24) Provides updates to the California Consumer Privacy Act. (Compliance Inventory list # 75, above). New requirements include the creation of a Sensitive Personal Information category, creation of a Privacy Enforcement Agency, data retention disclosure requirements, inclusion of data 'sharing' in CCPA 'sales' restrictions, and more. Link to requirements	No Notice Requirements	N/A	N/A
94 Interim Final Rule, Most Favored Nation Drug Rules This rule limits federal (Medicare) reimbursement for drugs administered in doctors' offices to lower prices paid in other countries. This 'most favored nation' pricing is certain to be challenged in court. This rule is to be phased in over several years, the initial rollout will begin in January, barring challenges. The most favored nation interim final rule can be found here.	No Notice Requirements	N/A	N/A
95 Final Rule, Prescription Drug / PBM rebates / Anti-Kickback Updates This final rule moves Drug-maker's payments to Pharmacy Benefit Managers (PBMs) to a fixed-payment arrangement. This rule also calls for direct-to-consumer	No Notice Requirements	N/A	N/A

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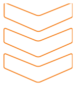

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
discounts. With payments not based on the price of the medications involved and therefore resulting in less fees, the PBMs will likely challenge this in court. This final rule can be found here.			
96 California Proposition 22 exempting app-based transportation companies from providing benefits to certain drivers Uber, Lyft, and DoorDash were successful in their ballot measure to overturn 2019's Assembly Bill 5, which established a three-part test to determine if a worker is an employee or an independent contractor. Through this test, the drivers were determined to be employees, which carried with it certain reporting responsibilities. While Proposition 22 overturned the employment status, it did provide for additional requirements for app-based drivers, including employer benefits contributions, but not at the level as required under Assembly Bill 5. Proposition 22's requirements can be found here.	No Notice Requirements	N/A	N/A
97-106 COVID Relief (various legislative activities, guidance, and relief measures) Due to the pandemic, a variety of legislative activities, guidance, and relief measures were issued with a several impacts to group health plans.	Notices for EBSA Disaster Relief Notice 2020-01 for notifying plan participants of the extensions to benefit plan deadlines.	In some instances. For COBRA, however, the industry norm is to send via USPS.	

#	Relief	Date Released	Impact
97	CARES Act	March 27, 2020	OTC and menstrual care items are qualified medical expenses*

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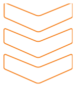

Compliance Item /Notice				Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
98	Extension to EE benefit plans	May 4, 2020	COBRA, claims and special enrollment periods (SEP) deadlines extended	Multiple notices for ARPA COBRA subsidy.		
99	IRS Notice 2020-29	May 12, 2020	Plan participants may modify plan elections and extend FSA grace periods through the end of 2020			
100	IRS Notice 2020-33	May 12, 2020	FSA carryover indexing* and ICHRA guidance			
101	EBSA Disaster Relief Notice 2021-01	February 26, 2021	Clarification of end of extension to employee benefit plans			
102	Consolidated Appropriations Act	December 27, 2020	Carryover and grace period relief, enrollment relief, DCFSA age-out relief for 2021			
103	American Rescue Plan Act 2021	March 11, 2021	COBRA subsidy, DCFSA max increased for 2021			
104	DOL Guidance and Model Notices	April 6, 2021	COBRA subsidy guidance and model notices			
105	San Francisco HCSO reporting postponed	March 24, 2021	Postpone 2020 employer reporting for Health Care Security Ordinance (HCSO)			
106	IRS Notice 2021-15	February 18, 2021	Clarifies requirements of relief contained within Consolidated Appropriation Act			

* OTC and Menstrual Care as qualified medical expenses, and indexing of FSA Carryover maximums are permanent changes, and are not time-bound.

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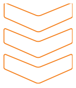

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<tr><th>Compliance Item /Notice</th><th>Notice Distributed to Whom</th><th>Electronic Distribution Permitted?</th><th>Distributed When?</th></tr>
<tr><td>107-108 COVID Relief (various legislative activities, guidance, and relief measures) continued
<table><tr><td>107</td><td>IRS Notice 2021-31</td><td>May 18, 2021</td><td>Provides updated guidance related to American Rescue Plan Act COBRA Subsidies</td></tr><tr><td>108</td><td>IRS Notice 2021-58</td><td>October 6, 2021</td><td>Provides guidance regarding the interaction between ARPA COBRA subsidies (#103) and the extension to employee benefit deadlines (#98)</td></tr></table></td><td>Multiple notices for ARPA COBRA subsidy.</td><td>In some instances. For COBRA, however, the industry norm is to send via USPS.</td><td></td></tr>
<tr><td>109 Washington Cares Fund

Washington Care Fund introduces a state-administered Long-Term Care benefit. The Fund requires employers to collect employee contributions to the fund calculated as a percentage of the earnings, operating much as a tax. Additionally, employees can receive exemptions from this payroll deduction if they have a qualifying long-term care benefit already – putting employers in the position to need to track employee exemptions to this requirement. These deductions begin in 2022, with the exemption process beginning in Q4, 2021.

For more information on this, visit the Washington Cares Fund website located here. See updated guidance in Inventory item # 119</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
<tr><td>110 No Surprises Act

The No Surprises Act was included in the Consolidated Appropriations Act, and is designed to eliminate Surprise Billing for Emergency Room care, Air Ambulance care,</td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
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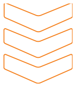

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<tr><td>and out of network care received from In-network facilities. This requirement is effective January 1, 2022.

The text of the No Surprises act can be found here:

Additional guidance and interim rules can be found at the following:
Requirements Related To Surprise Billing Part 1

Requirements Related to Air Ambulance Services, Agent and Broker Disclosures And Provider Enforcement

Requirements Related To Surprise Billing Part 2</td><td></td><td></td><td></td></tr>
<tr><td>111 Vaccine Mandates and Guidance (state and federal)

Federal and State Vaccine Mandates and Guidance – specific to COVID-19.
<table>
<tr><td>Federal</td><td>Exec. Order Re: Federal Contractors</td><td>September 9, 2021</td><td>Vaccines required for Federal Contractors effective December. 8, 2021</td></tr>
<tr><td>Federal</td><td>White House Plan for OSHA requirement</td><td>September 9, 2021</td><td>President announces plan that will include OSHA requirement for employers with >100 employees must mandate vaccines</td></tr>
<tr><td>Federal</td><td>Exec. Order Re: Federal Employees</td><td>September 9, 2021</td><td>Vaccines required for Federal Employees effective November 22, 2021</td></tr>
<tr><td>Federal</td><td>EEOC Guidance</td><td>October 13, 2021</td><td>EEOC Guidance on a variety of COVID topics, including (in Section K</td></tr>
</table></td><td>N/A</td><td>N/A</td><td>N/A</td></tr>
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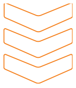

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<tr><td><table><tr><td></td><td></td><td></td><td>of this website) – vaccinations and employer mandates.</td></tr><tr><td>Texas</td><td>Texas Executive Order</td><td>October 11, 2021</td><td>Texas Gov. issued Executive Order prohibiting employers and other entities from requiring vaccines for Texas residents.</td></tr></table></td><td></td><td></td><td></td></tr>
<tr><td>112 Agent and Broker Disclosure Requirements of the Consolidated Appropriations Act

The Consolidated Appropriations Act requires that insurers issuing individual health insurance coverage or short-term, limited-duration insurance must disclose Agent and Broker compensation related to the purchase of such plans. These disclosures should occur before the purchase of this coverage has been finalized. These requirements are effective January 1, 2022.

The text of the Consolidated Appropriations Act requirement can be found here.

The Interim Final Rule providing additional guidance can be found here: Requirements Related to Air Ambulance Services, Agent and Broker Disclosures and Provider Enforcement</td><td>Individuals enrolling in individual or short-term, limited duration insurance</td><td>Yes</td><td>At time of enrollment, annually and upon request</td></tr>
<tr><td>113 Illinois Employee Plan Compare Requirement

Illinois requirement that requires employers who provide group health benefits to provide their employees with a disclosure notice that provides the employees with “a written list of the covered benefits included in the group health insurance coverage in a format that easily compares those covered benefits with the essential health</td><td>Employees upon hire, annually and upon request</td><td>Yes</td><td>At time of enrollment, annually and upon request</td></tr>
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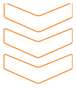

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
insurance benefits required of individual health insurance coverage regulated by the State of Illinois." This disclosure can be made by email or via a website posting – and must be available upon hire, annually thereafter and by request. See the bill here.			
114 Virginia Consumer Data Protection Act (VCDPA) The VCDPA applies to all persons that conduct business in the Commonwealth and either (i) control or process personal data of at least 100,000 consumers or (ii) derive over 50 percent of gross revenue from the sale of personal data and control or process personal data of at least 25,000 consumers and outlines responsibilities and privacy protection standards for data controllers and processors. An exemption for covered entities and businesses that are governed by HIPAA is contained within the Act. This law is effective January 1, 2023. View the text of the Act here: Virginia Consumer Data Protection Act			
115 Colorado Privacy Act (CPA) The CPA applies to companies that conduct business in Colorado or sell product or services intentionally targeted to residents of Colorado, and meet either of the following thresholds: (i) controls or processes personal data of 100,000 or more consumers during a calendar year; or (ii) derive revenue or receive discounts from the sale of personal data and control or process data of at least 25,000 consumers. The law takes effect on July 1, 2023. An exemption for PHI is contained within the Act View the text of the Act here:			

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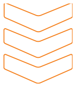

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
Colorado Privacy Act			
116 COVID-19 Vaccination and Testing - Emergency Temporary Standard (ETS) OSHA issued an Emergency Temporary Standard requiring employers with 100 or more employees to implement a vaccine mandate for any employee entering the workplace. This ETS also provides for an option for weekly testing and masks for those that are excepted from the requirement due to sincerely held religious beliefs or medical conditions that elevate the risks associated with vaccines. This ETS was subsequently stayed by federal appeals court (the U.S. Court of Appeals for the Fifth Circuit) – and OSHA withdrew the ETS on January 26, 2022. ETS can be found here: U.S. Court of Appeals stay can be found here:			
117 Notice of Proposed Rulemaking – Extension of Reporting Deadline for IRS Form 1095 The IRS issued a Notice of Proposed Rulemaking that would making the 30 day extension for the production of IRS form 1095 a permanent extension. In prior years, the IRS would issue one-time extensions each year – but this change intends to make that relief permanent. This Notice of Proposed Rulemaking can be found here.			

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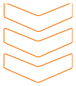

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
118 Illinois Plan Compare Requirement Illinois requirement that requires employers who provide group health benefits to provide their employees with a disclosure notice that provides the employees with “a written list of the covered benefits included in the group health insurance coverage in a format that easily compares those covered benefits with the essential health insurance benefits required of individual health insurance coverage regulated by the State of Illinois.” Applies to: Fully and Self-Insured Plans in Illinois Template is available in the below FAQs (as a list of essential health coverage) https://www2.illinois.gov/idol/FAQs/Pages/Consumer-Coverage-Disclosure-FAQ.aspx	Employees eligible for group health benefits	Yes	At time of enrollment
119 Washington Cares Fund Governor signs House Bill 1732, that includes: • The start of the payroll tax was delayed to July 1, 2023; • Benefits will not be available until July 1, 2026; • Any premiums collected from an employee prior to July 1, 2023, shall be refunded to the employee within 120 days of the collection of the premium; and • Workers born before January 1, 1968, who have not met the 10 year vesting requirements under the program’s current structure will be eligible to receive partial benefits based on the number of years paid into the program, as long as they have paid the payroll tax for at least one year.			
120 COVID National State Of Emergency and Public Health Emergency	N/A	N/A	N/A

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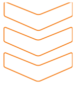

Compliance Item /Notice	Notice Distributed to Whom	Electronic Distribution Permitted?	Distributed When?
On February 18, 2022, President Biden extended the national State of Emergency in place due to continued impacts of the COVID pandemic. This extension relief previously issued by the Departments of Labor, HHS, and Treasury. See Item Number 98 in this inventory, above. In February 2023, President Biden announced the national State of Emergency and Public Health Emergency will expire on May 11, 2023 with relief attached to the national state of emergency set to expire on July 10, 2023. Subsequent actions by Congress resulted in an earlier end to the State of Emergency, but the COVID relief attached to the State of Emergency retained the originally announced July 10, 2023 expiration date. All COBRA, claims, Special Enrollment Period and employer COBRA relief tied to the national State of Emergency expires on July 10, 2023. Relief and guidance related to the Public Health Emergency will end as of May 11, 2023.			

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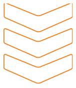

Electronic Distribution of ERISA Required Documents: https://www.law.cornell.edu/cfr/text/29/2520.104b-1

(c)*Disclosure through electronic media.*

(1) Except as otherwise provided by applicable law, rule or regulation, the administrator of an employee benefit plan furnishing documents through electronic media is deemed to satisfy the requirements of paragraph (b)(1) of this section with respect to an individual described in paragraph (c)(2) if:

(i) The administrator takes appropriate and necessary measures reasonably calculated to ensure that the system for furnishing documents -

(A) Results in actual receipt of transmitted information (e.g., using return-receipt or notice of undelivered electronic mail features, conducting periodic reviews or surveys to confirm receipt of the transmitted information); and

(B) Protects the confidentiality of personal information relating to the individual's accounts and benefits (e.g., incorporating into the system measures designed to preclude unauthorized receipt of or access to such information by individuals other than the individual for whom the information is intended);

(ii) The electronically delivered documents are prepared and furnished in a manner that is consistent with the style, format and content requirements applicable to the particular document;

(iii) Notice is provided to each participant, beneficiary or other individual, in electronic or non-electronic form, at the time a document is furnished electronically, that apprises the individual of the significance of the document when it is not otherwise reasonably evident as transmitted (e.g., the attached document describes changes in the benefits provided by your plan) and of the right to request and obtain a paper version of such document; and

(iv) Upon request, the participant, beneficiary or other individual is furnished a paper version of the electronically furnished documents.

(2) Paragraph (c)(1) shall only apply with respect to the following individuals:

(i) A participant who -

(A) Has the ability to effectively access documents furnished in electronic form at any location where the participant is reasonably expected to perform his or her duties as an employee; and

(B) With respect to whom access to the employer's or plan sponsor's electronic information system is an integral part of those duties; or

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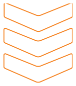

(ii) A participant, beneficiary or any other person entitled to documents under Title I of the Act or regulations issued thereunder (including, but not limited to, an “alternate payee” within the meaning of section 206(d)(3) of the Act and a “qualified beneficiary” within the meaning of section 607(3) of the Act) who -

(A) Except as provided in paragraph (c)(2)(ii) (B) of this section, has affirmatively consented, in electronic or non-electronic form, to receiving documents through electronic media and has not withdrawn such consent;

(B) In the case of documents to be furnished through the Internet or other electronic communication network, has affirmatively consented or confirmed consent electronically, in a manner that reasonably demonstrates the individual's ability to access information in the electronic form that will be used to provide the information that is the subject of the consent, and has provided an address for the receipt of electronically furnished documents;

(C) Prior to consenting, is provided, in electronic or non-electronic form, a clear and conspicuous statement indicating:

(1) The types of documents to which the consent would apply;

(2) That consent can be withdrawn at any time without charge;

(3) The procedures for withdrawing consent and for updating the participant's, beneficiary's or other individual's address for receipt of electronically furnished documents or other information;

(4) The right to request and obtain a paper version of an electronically furnished document, including whether the paper version will be provided free of charge; and

(5) Any hardware and software requirements for accessing and retaining the documents; and

(D) Following consent, if a change in hardware or software requirements needed to access or retain electronic documents creates a material risk that the individual will be unable to access or retain electronically furnished documents:

(1) Is provided with a statement of the revised hardware or software requirements for access to and retention of electronically furnished documents;

(2) Is given the right to withdraw consent without charge and without the imposition of any condition or consequence that was not disclosed at the time of the initial consent; and

(3) Again consents, in accordance with the requirements of paragraph (c)(2)(ii)(A) or paragraph (c)(2)(ii)(B) of this section, as applicable, to the receipt of documents through electronic media.

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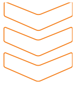

(d)*Participant and beneficiary status for purposes of section 101(a) and 104(b)(1) of the Act and subpart F of this part.* See §§ 2510.3-3(d)(1), 2510.3-3(d)(2) and 2520.3-3(d)(3) of this chapter.

(e)*Limitations.* This section does not apply to disclosures required under provisions of part 2 and part 3 of the Act over which the Secretary of the Treasury has interpretative and regulatory authority pursuant to Reorganization Plan No. 4 of 1978.

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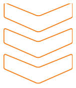

Version Control

Version Number	Release Date	Content Changed / Updated	Version Released By:
1.0	5/7/2018	Initial Release	Bruce Gillis
1.01	8/1/2018	State Individual Mandate laws and reporting	Bruce Gillis
1.02	8/27/2018	California Data Privacy, Seattle Hotel EEs,	Bruce Gillis
1.03	05/01/2019	Nondiscrimination Testing	Bruce Gillis
1.04	07/09/2019	California individual mandate, ICHRA and notice, excepted benefit HRA	Bruce Gillis
1.05	07/24/2019	Rhode Island Individual Mandate	Bruce Gillis
1.06	10/10/2019	California FSA Notice Requirements	Bruce Gillis
1.07	01/07/2020	Details on previously added requirements (state mandates, FSA notice), updated links as needed.	Bruce Gillis
1.08	1/14/2020	Health Coverage Tax Credit	Bruce Gillis
1.09	02/10/2020	Reformat to more current branding	Bruce Gillis
1.10	02/25/2020	Reformat for external publication	Bruce Gillis
2.0	08/11/2020	PCORI extension, FSA Carryover; Telehealth update; CARES Act update to OTC; NJ Transit; Nondiscrimination Testing	Bruce Gillis
2.01	10/26/2020	Mental Health Parity Act Self-Compliance Links	Bruce Gillis
2.02	12/08/2020	Transparency Final Rule; California Privacy Rights Act; Interim Final Rule, Most Favored Nation Drug Rules; Final Rule, Prescription Drug / PBM rebates / Anti-Kickback Updates; California Proposition 22 (Independent Contractors)	Bruce Gillis
2.03	04/28/2021	COVID Relief (CARES Act, COBRA Extensions, ARPA, CAA, IRS Notice 2020-29, 2020-33, 2021-15 and EBSA Notice 2021-01)	Bruce Gillis
2.04	11/1/2021	COVID Relief, Vaccine Mandates, (inventory items 107-115)	Bruce Gillis
3.0	12/6/2021	Vaccine Mandate ETS, Proposed Rulemaking extension of Form 1095 deadline (116-117)	Bruce Gillis
3.01	08/10/2022	WA Cares Fund, National State of Emergency Extension, Illinois Plan Compare, (118-120)	Bruce Gillis
3.02	05/25/2023	State of Emergency updates, Washington Cares Fund updates,	Bruce Gillis

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