

Compliance Annual Notices Instructions



NOTICE	INSTRUCTIONS
Medicare Part D Notices Creditable	Provide this notice by October 14 to all participants and dependents who are or may become eligible for Medicare Part D in the next 12 months if the prescription drug coverage provided by the plan is “creditable.” (Your carrier or pharmacy vendor can tell you if the coverage is creditable.)
Medicare Part D Notices Non Creditable	Provide this notice by October 14 to all participants and dependents who are or may become eligible for Medicare Part D in the next 12 months if the prescription drug coverage provided by the plan is not “creditable.” (Your carrier or pharmacy vendor can tell you if the coverage is creditable.)
Women’s Health and Cancer Rights Act Notices	Provide this notice at least once a year to all participants.
Newborns and Mothers’ Health Protection Act	Provide this notice at least once a year to all participants.
Premium Assistance Under Medicaid and CHIP	Provide this notice before the start of the plan year if you have any employees in a state listed in the notice. (These states provide premium assistance for CHIP and/or Medicaid coverage.) Caution: This notice is updated regularly. Check at http://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra for the most current version if you do not promptly distribute this notice.
Wellness Program – Notice of Reasonable Alternatives	Provide this notice only if you have a wellness program that considers health status.
Notice Regarding Wellness Program	Provide this notice only if you have a wellness program that includes a health risk assessment, biomedical screening, or medical exam (including incentives for having a yearly physical, etc.).
Grandfathered Plan Notice	Provide this notice only if the plan is grandfathered.
Patient Protection Notice	Provide this notice if the plan requires designation of a primary care provider; tailor as needed.
HIPAA Notice of Privacy Practices	Provide this notice every three years or less.
Notice to Enrollees Regarding Opt-Out	Provide this notice only if the plan is a self-funded nonfederal governmental group health plan that has opted out of some or all of HIPAA; tailor as needed to describe what the plan has opted out of.
Notice of Special Enrollment Rights	Give this notice to all new enrollees.
Continuation Coverage Rights Under COBRA	Give this notice to all new enrollees – including new spouses – if you employ 20 or more people. (Please be aware that many states have “mini-COBRA” laws that may require an employer or plan sponsor to provide additional, different notice of “mini-COBRA” rights.)
New Health Insurance Marketplace Coverage Options Employer with Health Plan	Provide this notice to all new employees (even if they are part-time/temporary/not eligible for the plan) within 14 days after their hire date if you offer coverage to any employee. Note that completing questions 13 - 16 is optional. At this time, providing information on minimum value and affordability is required. For the Department of Labor’s Employer Exchange/Marketplace Notices and Instructions, visit: http://www.datair.com/PDF/DOL_Employer_Exchange_Notices.pdf
New Health Insurance Marketplace Coverage Options Employer No Health Plan	Provide this notice to all new employees (even if they are part-time/temporary/not eligible for the plan) within 14 days after their hire date if you offer coverage to any employee. Note that completing questions 13 - 16 is optional. At this time, providing information on minimum value and affordability is required. For the Department of Labor’s Employer Exchange/Marketplace Notices and Instructions, visit: http://www.datair.com/PDF/DOL_Employer_Exchange_Notices.pdf
Your Rights and Protections Against Surprise Medical Bills	To comply with the No Surprises Act, group health plans and health insurance issuers offering group or individual health insurance coverage must make publicly available, post on a public website of the plan or issuer, and include on each Explanation of Benefits, information in plain language on the restrictions on balance billing in certain circumstances, any applicable state law protections against balance billing, the requirements of the Act, and information on contacting appropriate state and federal agencies to report suspected violations of these balance billing restrictions. Plans and issuers may use this model notice to meet the disclosure requirements. For more information and further instructions, see https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf .