

Employers With 1-19 Employees

For companies with 1-19 employees, this chart provides an overview of key required benefit notices and filings for employers and plan administrators under federal law. Company may be exempt from certain requirements and/or subject to additional obligations under your state's laws. Employers are encouraged to contact the **U.S. Department of Labor** or a knowledgeable employment law attorney for further guidance.

Employee Retirement Income Security Act (ERISA) Notices

Notice	Provide To	When Due
Summary Plan Description (SPD)	Group health plan participants	Within 90 days after the employee becomes a participant in the plan An updated SPD must be furnished every 5 years if changes are made to SPD information or the plan is amended (otherwise, it must be furnished every 10 years)
Summary of Material Modifications (SMM) and Summary of Material Reduction in Covered Services or Benefits	Group health plan participants	No later than 210 days after the end of the plan year in which the change is adopted, for material changes to the plan that do not result in a material reduction in covered services or benefits Within 60 days of adoption of a material reduction in covered services or benefits (alternatively, notice may be provided with plan information that is furnished at regular intervals of not more than 90 days, if certain conditions are met) Note: Timely distribution of a "Notice of Modification" (below) may satisfy these requirements.
Plan Documents (e.g., SPD, any SMMs, and other documents under which the plan is established or operated)	Group health plan participants & beneficiaries	Copies must be furnished within 30 days of a written request, and the plan administrator must make copies available for examination at its principal office (the DOL can also request any documents relating to the plan)

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Health Care Reform Notices

Notice	Provide To	When Due
Health Insurance Exchange Notice	All new employees	Within 14 days of an employee's start date
Summary of Benefits and Coverage (SBC) & Uniform Glossary	Group health plan participants & beneficiaries	At specified times during the enrollment process and upon request
Notice of Modification	Group health plan participants & beneficiaries	No later than 60 days prior to the effective date of a material plan or coverage change that would affect the content of the SBC and that occurs other than in connection with a renewal or reissuance of coverage
Disclosure of Grandfather Status	Group health plan participants & beneficiaries	In any plan materials for a grandfathered group health plan provided to a participant or beneficiary describing the benefits provided under the plan
Notice of Patient Protections	Group health plan participants	Whenever a participant in a non-grandfathered group health plan that requires or provides for the designation of a participating primary care provider is furnished an SPD or other similar description of benefits under the plan
Patient-Centered Outcomes Research Institute (PCORI) Fees	Filed with the Internal Revenue Service	IRS Form 720 must be filed annually by plan sponsors of certain self-insured health plans , no later than July 31st of the calendar year immediately following the last day of the plan year to which a fee applies

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Health Insurance Portability and Accountability Act (HIPAA) Notices

Notice	Provide To	When Due
<p>Notice of Special Enrollment Rights</p>	<p>Employees eligible to enroll in the employer's group health plan</p>	<p>At or before the time an employee is initially offered the opportunity to enroll in the plan</p>
<p>Wellness Program Disclosure</p>	<p>Group health plan participants & beneficiaries eligible to participate in a health-contingent wellness program</p>	<p>In all plan materials that describe the terms of the health-contingent wellness program (if the plan materials merely mention that a program is available, without describing its terms, this disclosure is not required)</p>
<p>Certificate of Creditable Coverage</p> <p>Note: The requirement to issue certificates of creditable coverage will be eliminated as of December 31, 2014.</p>	<p>Group health plan participants & beneficiaries who lose coverage or who request a certificate</p>	<p>Automatically: When an individual loses coverage under the plan or becomes entitled to elect COBRA continuation coverage, and when COBRA continuation coverage ends</p> <p>Upon request: Before the individual loses coverage or within 24 months of losing coverage</p>
<p>Notice of Privacy Practices</p> <p>Note: Fully insured group health plans that do not create or receive protected health information (PHI)—other than summary health and enrollment information—are not required to develop this notice.</p>	<p>Individuals enrolled in the plan</p>	<p>Fully insured group plans meeting the definition of a "covered entity" that create or receive PHI in addition to summary health & enrollment information must provide the notice upon request</p> <p>Other health plans that are covered entities must provide the notice to new enrollees at the time of enrollment and to covered individuals within 60 days of a material revision to the policy (with special rules for website notice postings); must notify covered individuals of the availability of the notice and how to obtain the notice at least once every 3 years; and must provide it upon request</p>

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Special Health Care Notices

Notice	Provide To	When Due
<p>Women's Health & Cancer Rights Act (WHCRA) Notices</p>	<p>Group health plan participants & beneficiaries</p>	<p>Upon enrollment in a plan that provides coverage for medical and surgical benefits related to a mastectomy, and annually thereafter</p>
<p>Mental Health Parity & Addiction Equity Act (MHPAEA) Disclosure</p>	<p>Any current or potential group health plan participant, beneficiary, or contract provider</p>	<p>Upon request for a plan offering medical/surgical benefits and mental health or substance use disorder benefits</p> <p>Note: Certain plans that are exempt from the requirements under the MHPAEA based on increased cost may be subject to alternative disclosure rules.</p>
<p>Employer Children's Health Insurance Program (CHIP) Notice</p>	<p>All employees</p>	<p>Annually before the start of each plan year (may be provided concurrently with the SPD or other materials notifying the employee of plan eligibility, or in connection with an open season or election process conducted under the plan, as long as certain requirements with respect to appearance are satisfied)</p>
<p>Michelle's Law Notice</p>	<p>Group health plan participants</p>	<p>With any notice regarding a requirement for certification of student status under a plan that bases eligibility for coverage on student status (and that provides dependent coverage beyond age 26)</p>
<p>Newborns' and Mothers' Health Protection Act Notice</p>	<p>Group health plan participants</p>	<p>Must be included in the SPD for a plan providing maternity or newborn infant coverage</p>
<p>Medicare Part D Creditable Coverage Disclosure Notice or Non-Creditable Coverage Disclosure Notice</p>	<p>Medicare-eligible individuals (including certain dependents) who are offered prescription drug coverage under the employer's group health plan</p>	<p>Annually prior to October 15th, upon request, and at various other times as required under the law</p> <p>An online disclosure to the Centers for Medicare & Medicaid Services (CMS) is also required annually, no later than 60 days from the beginning of a plan year, and at certain other times</p>