

FAQs – Affordable Care Act Summary of Benefits and Coverage and Glossary for FEHB

NOTE: The following FAQs originally arose from questions during a 2012 health carrier focus group regarding the Summary of Benefits and Coverage (SBC) and Glossary of Health Coverage and Medical Terms (Uniform Glossary) for the Federal Employees Health Benefits (FEHB) Program.

OPM has revised the FAQs to reflect updated regulations and guidance promulgated by the Departments of Labor, Health and Human Services, and the Treasury (the Departments). All FEHB carriers must follow the Departments' regulations and guidance, except with regard to certain elements of the SBC template as noted in FAQ #1 below. The Departments' 2015 final regulations are available at <https://www.federalregister.gov/d/2015-14559>. Instructions for completing the SBC, sample completed SBCs, and other relevant guidance are available at <https://www.cms.gov/cciio/Resources/forms-reports-and-other-resources/index.html>.

SBC Content & Structure

1. **Q:** Will the FEHB SBC template be the same as the SBC template used for private lines of business?

A: Yes, but for the following exceptions:

1. The disclaimer on the 1st page of the FEHB SBC will read:

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.

Please read the FEHB Plan brochure ([insert brochure number]) that contains the complete terms of this plan. **All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB Plan brochure.** Benefits may vary if you have other coverage, such as Medicare. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can get the FEHB Plan brochure at [www.\[insert\]](http://www.[insert]), and view the Glossary at [www.\[insert\]](http://www.[insert]). You can call 1-800-[insert] to request a copy of either document.

2. The first underlined term, "plan" must hyperlink to OPM's FEHB Plan Comparison Tool at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>. Other underlined terms must not have any hyperlinks, including hyperlinks to the micro-site

for the Uniform Glossary at <https://www.healthcare.gov/sbc-glossary/>.

3. FEHB Program specific language for the “Why this Matters”, “Common Medical Event”, “Your Rights to Continue Coverage”, and “Your Appeal Rights” sections are provided.
4. For the “Common Medical Event” section, at the bottom of each applicable page, the plan should include the following language “For more information about limitations and exceptions, see the FEHB Plan brochure [insert brochure number] at [www.\[insert\]](http://www.[insert]).”
5. For the “Peg is Having a Baby” coverage example, the “Total Example Cost” value should be \$12,700 instead of \$12,800. The \$12,700 corrects a rounding error in the Departments’ SBC template, and properly reflects the sample care costs indicated in the “Guide for Coverage Examples Calculations – Maternity Scenario,” available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/Having-a-baby.xlsx> (see cell B12).

2. Q: How will benefit information be displayed for Medicare members?

A: The FEHB SBC will not display separate benefit information for Medicare members. However, because Medicare can affect an enrollee’s benefits, OPM has added the following sentence into the disclaimer on the first page of the FEHB SBC: “Benefits may vary if you have other coverage such as Medicare.”

3. Q: Can a plan add premium information to the SBC form voluntarily?

A: While OPM understands that HHS allows plans to add premium information to the SBC, OPM will not allow premium information on FEHB plan SBCs so that plan SBCs are consistent in the FEHB Program.

4. Q: Must plans stay within the 8-page limit?

A: Yes.

5. Q: Regarding the excluded services section on page 4, should each plan pick the services to list on their own or will OPM provide guidance?

A: OPM will not provide guidance. Plans may use their discretion. Please note that wherever you have provided the required information in the SBC, you may add a

reference to specified pages or portions of the brochure in order to supplement or elaborate on that information. Please see the Sample Completed SBC and Instructions for Completing the SBC-Group Health Plan Coverage issued by the Departments for more information.

Glossary of Health Coverage and Medical Terms

6. **Q:** Will the Glossary of Health Coverage and Medical Terms (Glossary) be the same for FEHB as is it for private lines of business?

A: Yes.

7. **Q:** Will OPM require plans to distribute the Glossary with the SBC?

A: OPM will require plans to comply with the distribution rules required by the final regulations. The regulations require plans to make the Uniform Glossary available upon request and to include an internet address in the SBC where an individual may review the Uniform Glossary.

Distribution

8. **Q:** How and when must a plan provide an SBC to an enrollee, potential enrollee, or family member?

A: For the FEHB Program:

1. Each plan must post its SBC on its website in a location that is prominent and readily accessible by September 29, 2017.

2. Each plan may additionally post a downloadable copy of its SBC, so long as the format of any downloadable SBC is readily accessible (such as in an html, MS Word, or pdf format).

3. Each plan must provide its SBC in paper form, free of charge, upon request. The SBC must be provided within 7 days of the request.

9. **Q:** Must plans mail the SBC with the plan brochure?

A: No, plans should follow the requirements for distribution as described in question 10.

10. **Q:** How and when must a plan provide notice that an SBC is available?

A: Each plan must provide SBC notice language, set forth below, to each enrollee at least 30 days in advance of the calendar plan year. The SBC notice language may be communicated in paper or by email.

The language will provide:

- notice to the plan's FEHB enrollees that the SBC for the plan, and for all FEHB plans, is available,
- the internet address where the plan's SBC is available,
- information on how to request a paper copy of the plan's SBC, free of charge, and
- notice that OPM's website provides information on how to obtain SBCs for all FEHB plans.

The following Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information, must be communicated in paper form or by email at least 30 days in advance of the start of the calendar plan year:

Notice of Summary of Benefits and Coverage (SBC): Availability of Summary Health Information

The Federal Employees Health Benefits (FEHB) Program offers numerous health benefits plans and coverage options. Choosing a health plan and coverage option is an important decision. To help you make an informed choice, each FEHB plan makes available a Summary of Benefits and Coverage (SBC) about each of its health coverage options, online and in paper. The SBC summarizes important information in a standard format to help you compare plans and options.

This plan's SBC is available on the internet at: www.XXXX.com/SBC. A paper copy is also available, free of charge, by calling 1-XXX-XXX-XXXX (a toll-free number).

To find out more information about plans available under the FEHB Program, including SBCs for other FEHB plans, please visit www.opm.gov/insure.

11. Q: May a FEHB plan provide the SBC notice language in its open season mailing or new enrollee packet?

A: Plans may include the SBC notice language in any communication reasonably calculated to result in actual receipt by all enrollees in the plan, as of at least 30 days

in advance of the calendar plan year. Plans may not rely on internet website posting alone.

12. Q: Are plans required to provide the SBC and Glossary for health fairs?

A: Plans may use their discretion as to whether or not they want to have SBCs and/or the Uniform Glossary available at health fairs.

508 Compliance

13. Q: Are FEHB plans required to issue 508 compliant SBCs?

A: OPM will provide a 508 compliant template, and we strongly encourage plans to post 508 compliant versions of the SBC and Uniform Glossary on the plan websites. However, the Departments' regulations do not require plans to provide a 508 compliant SBC or Uniform Glossary.