

Summary of Benefits and Coverage (SBC) and Uniform Glossary

*What you need to do and
how we can help you.*



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Blue Cross and Blue Shield of Kansas is here to help you as more components of health care reform law become effective. We've produced this information to help you keep up-to-date and guide you through the disclosure process of the Summary of Benefits and Coverage and Uniform Glossary.

Standardized, consumer-friendly forms

As part of the Affordable Care Act, the federal government requires group health plans and health insurance issuers offering group and individual coverage to provide consumers two key documents effective Sept. 23, 2012. These documents provide consumers information needed to compare coverage options in different types of plans. This requirement applies to fully insured and self-insured group health plans regardless of grandfathered status.

- **Summary of Benefits and Coverage** – The SBC summarizes the key features of a health plan, such as the covered benefits, cost-sharing provisions and coverage limitations. SBCs include a new, standardized plan comparison tool called “coverage examples,” similar to the Nutrition Facts label required for packaged foods.
- **Uniform Glossary** – This glossary of terms written in plain language, helps consumers understand some of the most common but confusing jargon used in health insurance.

The SBC is not a guideline or example. It must be replicated using the exact wording, format and layout as set forth by the U.S. Department of Health and Human Services. Both of these forms are the direct result of model forms created through a public process led by the National Association of Insurance Commissioners (NAIC) and several representatives of insurers, health care professionals, consumer advocacy groups and others.

The image shows two sample forms. The top one is a 'Summary of Benefits and Coverage' for 'AffordBlue' with a coverage period of 1/1/0001 to 1/1/0002. It includes a table of 'Important Questions' and 'Answers' regarding deductibles, out-of-pocket limits, and network providers. The bottom form is the 'Glossary of Health Coverage and Medical Terms', which defines terms like 'Allowed Amount', 'Co-payment', 'Deductible', 'Durable Medical Equipment (DME)', 'Emergency Medical Condition', 'Emergency Medical Transportation', 'Emergency Room Care', and 'Emergency Services'. It includes a balance billing example showing a provider's charge of \$100 and an allowed amount of \$70, resulting in a \$30 balance bill.

Effective dates for SBCs

While the effective date for overall SBC requirements is Sept. 23, 2012, there are different time frames in place for various scenarios involving SBC distribution.

Enrolling members	SBC distribution time frame
For those enrolling or renewing during open enrollment period	The first enrollment period on or after Sept. 23, 2012
For those that enroll other than through open enrollment	The first day of the first plan year on or after Sept. 23, 2012

Time frames for Blue Cross and Blue Shield of Kansas providing SBCs to group	
New business	No later than seven business days after receipt of application. The SBC must be distributed by the first day of coverage IF information in the SBC has changed between the time the group applies for coverage and the first day of coverage.
At renewal	No later than when renewal materials are distributed
Upon request	No later than seven business days after the request

Time frames for group providing SBCs to employees and dependents	
Initial enrollment	SBC should be sent with enrollment application materials. If application materials are not provided for enrollment, each employee and dependent must be provided an SBC no later than the first date of enrollment eligibility. If SBC information changes between the time the group applies for coverage and the first day of coverage, each employee must be provided an updated SBC by first day of coverage.
Renewal	SBC should be provided when renewal materials are delivered no later than 30 days prior to the group's renewal date.
Special enrollment	Provide SBC within 90 days of enrollment.
Upon request	Provide SBC no later than seven business days after the request.

Delivering the SBCs

Blue Cross and Blue Shield of Kansas will prepare and provide the SBCs to plan administrators. Groups are responsible for distributing the documents to their employees and dependents.

Paper and electronic SBCs

SBCs may be provided in either paper or electronic format.

- The SBCs can be found on the secure section of our Web site after a member logs in at: www.bcbsks.com/blueaccess
- The Uniform Glossary can be found at: www.bcbsks.com/sbcglossary

Consumers can also find the glossary on these government Web sites:

- www.healthcare.gov
- www.cciio.cms.gov
- www.dol.gov/ebsa/healthreform

SBCs for dependents

You may provide one copy of the SBC to an employee and dependents if they reside at the same address. If any dependents live at a different location, you must also send them an SBC.

Penalties for non-compliance

Group health plans and health insurance issuers willfully failing to provide required information will be subject to a fine of not more than \$1,000 for each such failure. Each failure to deliver the SBC to an individual constitutes a separate offense under the Affordable Care Act.

Trust in Blue

Through all the health care changes since 1942, Blue Cross and Blue Shield of Kansas continues our well-grounded tradition of providing proper guidance to policyholders that trust us with their health. Contact your local BCBSKS sales representative for any questions you might have concerning the Summary of Benefits Coverage and Uniform Glossary.



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