

SPD REQUIREMENTS

Does your SPD check all the boxes?

SPD MUST contain the following:

- Plan Identifying Information:
 - Name of Plan
 - Name & Address of Employer
 - Plan Sponsor's EIN
 - Plan Number
 - Type of Plan (medical, FSA, disability, etc.)
 - Type of plan administration (insurer, contract, etc.)
 - Plan administrator's name address & telephone number
 - Name and address of agent for service of legal process
 - Statement that the plan administrator may be served with process
 - Plan year Information about plan trustees (if applicable)
 - Certain information about collective bargaining agreements (if applicable)
- Description of plan eligibility provisions
- Description of plan benefits
- Description of circumstances that would cause a denial of benefits
- Amendment and termination provisions
- Subrogation provisions
- Plan contributions and funding
- Coordination of benefits, and offset provisions
- Claim procedures and limits for lawsuits (if plan imposed)
- Statement of ERISA rights
- Offer of assistance in non-English language (if plan covers minimum number of non-English speaking participants)
- Description of employer's refund allocation policy (for insured plans relying on Form 5500 exemptions)
- Grant of discretion for plan administrator to interpret plan and make factual determinations

Additional Content Required for GHP:

- Detailed description of group health plan benefit provisions
 - Cost sharing provisions, premiums and deductibles
 - Co-insurance and co-payment amounts
 - Annual lifetime caps
 - Any benefit limitations
 - When existing and new drugs are covered
 - When medical tests, devices and procedures are covered
 - Preventive services covered and amounts
 - Pre-authorizations or utilization review requirements
 - Use of network providers, composition of provider networks, and when out-of-network services are covered
 - Conditions or limitations on primary care providers or specialists
 - Condition of limitations for emergency medical care
- Role of health insurers (do they provide insurance or administration)
- Procedures for obtaining pre-authorizations, approvals, or utilization review decisions
- Effect of provider discounts on co-pays, deductibles or any other plan aspect
- Information of COBRA
- HIPAA preexisting condition and special enrollment disclosures
- Mental Health Parity Act - mental health parity disclosures
- Women's Health and Cancer Rights Act - coverage for reconstructive surgery after mastectomy
- Newborns' and Mothers' Health Protection Act - minimum hospital stays after childbirth disclosures
- Qualified Medical Child Support Order (QMCSO) information
- Coverage for adopted children
- Disclaimer stating that if there is a discrepancy between the SPD and the plan document, the plan document controls.