

Introduction

Health Benefits Coverage Under Federal Law addresses the following laws that can affect the health benefits coverage provided by group health plans:

- The Patient Protection and Affordable Care Act (Affordable Care Act)
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (portability and nondiscrimination provisions only)
- The Mental Health Parity and Addiction Equity Act (MHPAEA) and the Mental Health Parity Act (MHPA) (Mental Health Parity Provisions)
- The Newborns' and Mothers' Health Protection Act of 1996 (the Newborns' Act)
- The Women's Health and Cancer Rights Act of 1998 (WHCRA)
- The Genetic Information Nondiscrimination Act of 2008 (GINA)

These health care laws are included in Part 7 of Title I of the Employee Retirement Income Security Act of 1974 (Part 7 of ERISA). Also discussed in this booklet are provisions of the Children's Health Insurance Program Reauthorization Act (CHIPRA) related to special enrollment rights, which are included as part of the HIPAA Special Enrollment section on page 19.

The rules described in the following pages generally apply to group health plans and group health insurance issuers (i.e., insurance companies). References in this booklet are generally limited to "group health plans" or "plans" for convenience. In addition, the booklet will help employers, plan sponsors, plan administrators, third-party administrators, and other service providers to comply with Part 7 of ERISA.

The requirements under Part 7 of ERISA generally apply to group health plans with two or more participants who are current employees.¹ However, if the coverage is insured, parallel provisions in the Public Health Service Act apply to health insurance coverage offered in connection with group health plans with as few as one employee who is a current participant under the plan. In addition,

¹The Mental Health Parity and Addiction Equity Act as included in Part 7 of ERISA exempts group health plans of a small employer with 50 or fewer employees from its requirements. However, insured group health plans in the small group market are required to comply with the requirements of the Act in order to satisfy the essential health benefits requirements under the Affordable Care Act.

the requirements of Part 7 of ERISA do not apply to excepted benefits, such as certain dental and vision coverage*.

The laws contained in Part 7 of ERISA (which is administered by the U.S. Department of Labor) generally also appear in the Internal Revenue Code (the Code), and the Public Health Service Act (PHSA). The Department of the Treasury and the Internal Revenue Service administer the requirements under the Code, and the U.S. Department of Health and Human Services (HHS) administers the requirements under the PHSA.

For ease of use, *Health Benefits Coverage Under Federal Law* is divided into four sections:

- The first section includes general descriptions of the health care laws mentioned above and frequently asked questions.
- Following are self-compliance tools that can help to determine a plan's compliance with these laws. They include compliance tips that relate to some common mistakes. (Note: please check the Website at dol.gov/ebsa/healthlawschecksheets.html for updates to the self-compliance tools.)
- Next, a chart summarizes the notices a plan must provide.
- Finally, the last section includes model notices providing language that may be used to comply with the various notice requirements.

While the booklet does not cover all the specifics of these laws, it does assist those involved in operating a group health plan to understand the laws and related responsibilities. It provides an informal explanation of the statutes and the most recent regulations and interpretations. The information is presented as general guidance, however, and should not be considered legal advice. In addition, some of the provisions discussed involve issues for which the rules have not yet been finalized as of the date of publication of this booklet. The proposed rules are noted. Periodically check the Department of Labor's Website (dol.gov/ebsa) under "Laws & Regulations" for publication of final rules.

*See the *Applying and Enforcing Laws in Part 7 of ERISA* Section at page 57 of the Guide for a further discussion.

Some general notes:

- As discussed later, States can change some of these Federal rules if the State law is more protective of individuals (i.e., imposes stricter obligations on health insurance issuers).
- If the plan provides benefits through an insurance policy or health maintenance organization (HMO), you also may contact your State's insurance department. Visit the National Association of Insurance Commissioners' Website at naic.org for contact information.
- If you have questions not specifically addressed in this booklet, please contact the Employee Benefits Security Administration (EBSA) regional office nearest you. A list of these offices is on the agency's Website at dol.gov/ebsa (view "About EBSA"). Or you may contact EBSA electronically at askebsa.dol.gov or call toll free 1-866-444-3272.