

February 3, 2020

Subject: Additional Frequently Asked Questions on the Applicability Date of the Updated Summary of Benefits and Coverage (SBC) Template, Calculator, and Related Materials

The guidance below is being issued contemporaneous with FAQs about Affordable Care Act Implementation (Part 41)¹, which address the timing of the updated Summary of Benefits and Coverage (SBC) template and associated documents. The 2021 SBC, 2021 Instructions, 2021 Guide and Narratives, and, should group health plans and health insurance issuers choose to use the Calculator, the 2021 Calculator, will be required to be used beginning on the first day of the first open enrollment period for any plan years (or, in the individual market, policy years) that begin on or after January 1, 2021, with respect to coverage for plan or policy years beginning on or after that date. This guidance, which pertains to issuers offering Qualified Health Plans (QHPs) through the Exchanges, details the applicability date of the updated SBC coverage examples calculator (the “2021 Calculator”), the Guide and Narratives for coverage examples (the “2021 Guide and Narratives”), the instruction for completing the SBC Template (the “2021 Instructions”), and the SBC Template and associated materials (the “2021 SBC”). The updated materials were released on November 7, 2019 (available at: <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/index>).

Q1. When will Qualified Health Plans (QHPs) offered through the individual market Exchanges be required to use the 2021 SBC, the 2021 Guide and Narratives, and if they so choose, the 2021 Calculator?

QHPs offered through the individual market Exchanges must use the 2021 SBC, the 2021 Guide and Narratives, and, should they choose to use the Calculator, the 2021 Calculator for SBCs prepared for the open enrollment period for the 2021 plan year, which runs from November 1, 2020 –December 15, 2020.

Q2. When are issuers required to begin using the 2021 SBC, 2021 Guide and Narratives and, if the issuer chooses to use the Calculator, the 2021 Calculator for SBCs submitted for form review in states in which HHS has the responsibility to directly enforce the Affordable Care Act health insurance market reforms, and in other states?

For direct enforcement states,² SBCs are considered forms by HHS. Therefore, SBCs should be submitted to HHS for review in accordance with the form filing instructions in SERFF. Issuers operating in direct enforcement states are required to use the 2021 SBC, the 2021 Guide and Narratives, and, if the issuer chooses to use the Calculator, the 2021 Calculator for SBCs prepared for the open enrollment period for the 2021 plan year, and should submit their SBC materials to HHS in accordance with the form filing instructions in SERFF for the 2021 plan year. For issuers in other states, because states differ in their review of SBCs (e.g., some review them during form review, others may consider them to be marketing materials), issuers should follow applicable state

¹ https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/index#Affordable_Care_Act

² Currently, the states in which HHS is directly enforcing the SBC requirements are Missouri, Oklahoma, Texas, and Wyoming.

guidelines for state enforcement activity with respect to SBCs where the state is enforcing SBC requirements.