



PRESS RELEASE
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For Immediate
Release
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The Wait is Finally Over - The Final Rules for the Summary of Benefits ("SBC") and Coverage and Uniform Glossary Templates and Instructions Have Arrived

BRAINTREE, MASSACHUSETTS - February 10, 2012 - The guidance, scheduled for publication on February 14, 2012, sets forth the rules for group health plans to draft the mandated SBCs for the first year of their application. The Departments advise they are taking a "phased approach" to implementation, particularly since they acknowledge that January 1, 2014 will bring on new market reforms wherein additional changes will be prompted.

While revised, the rules on the SBCs are still flawed. For example, guidance provides that the rules apply for the "first year of application" - does that mean all of 2013? Until September 22, 2013? Until 2014? Also, compliance with this regulation has been scheduled around an insurer and plan's busiest renewal season - January. This will cause an already busy season to be even busier! Further, the regulations suggest that plans and issuers may use their "best efforts" to describe the relevant plan terms - but what are "best efforts" and who decides if "best efforts" have been made?

The Phia Group is cognizant of these issues and is prepared to assist plans and their administrators in crafting SBCs (whether stand-alone or incorporated into the other plan materials) which are compliant and manageable. Please contact Andrew Milesky at (ph) 781-535-5636 or (e) amilesky@phiagroup.com for further information and details.