



Employer Required Patient Protection & Affordable Care Act Model Notices

The Patient Protection and Affordable Care Act (also known as the Affordable Care Act) will require changes effective for plan years beginning or after September 23, 2010.

The links below provide Model Language for Notices that must be distributed to all of your employees (and COBRA or state continuation enrollees), as required by the Affordable Care Act. The model language can be copied to your company letterhead and edited based on your specific plans to send to applicable entities.

1. Opportunities to Enroll Notice

Extension of Dependent Coverage to Age 26

[Dependents Model Notice](#)

Lifetime Limit No Longer Applies

[Lifetime Limits Model Notice](#)

2. Patient Protection Notice

Designation of Primary Care Providers and Direct Access to OB/Gyns

If you have an HMO plan or a plan that requires selection of a primary care physician, you must provide the following Patient Protection Notices.

[Patient Protection Model Notice](#)

3. Grandfathered Health Plan Notice

If you wish to maintain status as a grandfathered health plan, you must provide notice that you believe it is a grandfathered health plan. A grandfathered group health plan is a plan which was in effect on March 23, 2010, complies with disclosure and recordkeeping requirements, and has not made any plan changes that would cause grandfathered status to be lost.

[Grandfathered Plan Model Notice](#)

The above notices do not have to be submitted individually and may be included in one document on your company's letterhead. The items listed below **must** be included in your notice(s):

1. **Date of Notice:** this is the date you distribute the Notice(s) to your employees. Notices must be distributed prior to the first day of the first plan year beginning on or after September 23, 2010.
2. **These Notices apply to this group health plan:** indicate the name of the health plan, such as ABC Co. Welfare Benefit Plan, or indicate the name of your insurer(s) such as [carrier name] Medical Benefits Plan.
3. **Effective date of coverage:** the effective date of your first renewal beginning on or after September 23, 2010.

For more information contact: indicate a phone number for someone within your company that an employee can contact if they have questions.

We encourage you to review these requirements with your legal advisor.
Please retain a copy of what you distribute for your records.
As always, we will keep you posted of significant developments as they occur.

If you have any questions, please contact your HARDEN Employee Benefits Account Manager.

Sources:

"Affordable Care Act." *The U.S. Department of Labor Home Page*. Web. 03 Nov. 2010. <http://dol.gov/ebsa/healthreform>

United Healthcare. "New Health Reform Materials, Mayo Clinic Joins Network." 14 Oct. 2010. E-mail