







## ERISA Welfare Benefit Plan Required Documents

Document Name	Document Description	Optima Health	Group
Form 5500 and applicable schedules	Annual report form filed with the Department of Labor to disclose information pertaining to the plan's type, plan administration, participation, funding, and other financial information. Certain small plans (fewer than 100 participants) which are 100% unfunded or 100% insured are exempt from filing or allowed to file a short form version of Form 5500. Government and church sponsored plans are also exempt.	<i>Optima Health will provide Form 5500 to the group upon request</i>	
Summary Annual Report	Narrative summary of the Form 5500 sent to plan participants within 9 months of the close of each plan year. Specific formatting and language requirements are delineated in the Code of Federal Regulations.		
Independent Qualified Public Accountant's Opinion	Filed with Form 5500. Small plans (fewer than 100 participants) and certain other plans are exempt.		
Summary Plan Document (SPD)	This document informs participants and beneficiaries about their plan and how it operates.	<i>Optima Health will provide the group with a template.</i>	
Summary of Benefits and Coverage	An easy to understand document that explains benefits and coverage, various relevant insurance terms. Model SBCs are available. (must be created in addition to SPD)		
Notice of Privacy Practices	Under HIPAA an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about them, as well as his or her rights and the covered entity's obligations with respect to that information.		

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Document Name	Document Description	Optima Health	Group
Initial COBRA Notice	Notice of the right to purchase temporary extension of group health coverage when it is lost due to a qualifying event.	<i>Sample notice included in SPD</i>	✓
Medicare Part D “Creditable Coverage” Notices	Plans that provide prescription drug coverage to employees or retirees covered by Medicare Part A or B must provide them with “creditable coverage” notices that inform the beneficiaries whether or not the coverage is as good as Medicare Part D prescription drug coverage.		✓
Notice of Special Enrollment Rights	Notice describing the plans special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement for adoption.		✓
Wellness Program Disclosure	Notice given by any plan offering a wellness program that requires individuals to meet a standard related to a health factor in order to obtain a reward.		✓
Women’s Health and Cancer Rights Act (WHCRA) Notices	Notice describing the required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy.	✓	
Minimum Maternity Benefits	Notice of minimum maternity benefit rights set by federal law in the SPD.	✓	
PPACA Notice Requirements	The PPACA has various notice requirements to inform participants of the prohibition of exclusions for pre-existing conditions (effective for children currently and universally as of January 1, 2014), notice of coverage for adult children, first dollar coverage on preventive care, mandated patient protections, elimination of lifetime benefit limits (for certain classes of coverage), and restrictions on annual benefit limits.	<i>Information provided in SPD</i>	✓

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Other documentation as needed:

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<b>Summary of Material Modification (SMM)</b>	Describes any modifications made to a plan and must be sent to participants within 210 days after the end of the plan year in which a change is adopted.		✓
<b>Summary of Material Reduction (SMR)</b>	Any modification in the terms of the plan that is “material” and any change in the information required to be in the SPD must be reported to plan participants no later than 60 days after the date of the adoption of the reduction.	<i>Optima Health will provide a revised SBC</i>	✓
<b>Claims Appeal Procedure</b>	Notice of claims appeal procedure must be sent to any participant whose claim is denied.	✓	
<b>Notification of Benefit Determination</b>	Information regarding benefit claim determinations. Adverse determinations must provide the required disclosures (e.g. the reasons for denial, reference to specific plan provisions, and description of the plans appeal procedures).	✓	
<b>COBRA Election Notice</b>	Notice to “qualified beneficiaries” of their right to elect COBRA coverage upon the occurrence of a qualifying event.		✓
<b>Other COBRA Communications</b>	Notice to an individual when it is determined that they are not entitled to COBRA coverage; and notice in cases of early termination of COBRA coverage.		✓
<b>Medical Child Support Order (MCSO) Notice</b>	Notification from plan administrator regarding receipt and qualification determination on an MCSO directing the plan to provide health insurance coverage to a participant’s noncustodial children.		✓
<b>National Medical Support (NMS) Notice</b>	Depending on certain conditions surrounding the issuance of an MCSO this notice must be filed with state agencies, employers, plan administrators, participants, custodial parents, children, their representatives or other parties.		✓