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BULLETIN NO. 2012-05

TO: Insurers writing health insurance in Alabama

FROM: Jim L. Ridling
Commissioner of Insurance 

DATE: July 9, 2012

RE: Summary of Benefits and Coverage/Uniform Glossary – Patient Protection and Affordable Care Act

EFFECTIVE: Immediate

Health insurance issuers offering group or individual health insurance coverage are reminded of the requirements of 42 U. S. C. § 300gg-15, added by the Patient Protection and Affordable Care Act, P. L. 111-148, concerning use of a summary of benefits and coverage (“SBC”) and standardized definitions for insurance-related terms and medical terms (“Uniform Glossary”). The U. S. Department of Health and Human Services promulgated a final regulation implementing these requirements which became effective April 16, 2012, and will appear in the *Code of Federal Regulations* as 45 C.F.R. § 147.200. The text of the regulation currently appears at 77 F.R. 8702-8706 (February 14, 2012) and can be accessed in the *Federal Register* database at www.gpo.gov among other Internet sites.

The regulation’s requirements apply (1) on the first day of the plan year or open enrollment period occurring on or after **September 23, 2012**, as applicable, in the case of group coverage; and (2) beginning on **September 23, 2012**, in the case of individual coverage.

The SBC must comply with the content, appearance, form, and language requirements in 45 C.F.R. §§ 147.200(a)(2) through –(5) and be provided as specified in 45 C.F.R. § 147.200(a)(1). The Uniform Glossary must comply with the content and appearance requirements in 45 C.F.R. §§ 147.200(c)(2) and –(3) and must be made available in paper or electronic form within seven business days after receipt of a request [45 C.F.R. § 200(c)(4)]. Examples of the forms and other guidance information can be accessed at www.cciio.cms.gov.

Prior to use, all affected insurers must file their SBC and Uniform Glossary forms with this Department on an informational basis through SERFF.

JLR/JFM/bc