

Stark County Board of Developmental Disabilities

Policy 4.61 Summary of Benefits and Coverage	Effective: 4/26/2016
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SUMMARY OF BENEFITS AND COVERAGE (SBC)

POLICY

The Summary of Benefits and Coverage is designed to help employees better understand their health coverage and allow for easy comparison of other coverage options when shopping, applying, enrolling, and re-enrolling into a health plan. The Human Resources Department is responsible for ensuring that eligible employees receive the Summary of Benefits and Coverage.

The Summary of Benefits and Coverage is intended to be a resource to employees that summarizes the Stark County Board of Developmental Disabilities health plan options including:

1. Deductible
2. Out-of-pocket and annual limits
3. In and out-of-network provider coverage
4. Coverage of common medical events
5. Excluded services
6. Common covered services
7. Rights to continue coverage
8. Member grievance and appeal rights
9. Coverage examples for having a baby and managing type 2 diabetes

Historical Resolution Information		Reviewer(s): Director of Human Resources
Date	Resolution Number	
2/23/13	02-16-13	
4/26/16	04-19-16	

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SUMMARY OF BENEFITS AND COVERAGE (SBC)

PROCEDURE

1. **Open Enrollment** – A Summary of Benefits and Coverage will be included in open enrollment materials. All newly eligible employees will receive a Summary of Benefits and Coverage no later than the first date they are eligible to enroll for coverage.
2. **Online Enrollment** – If online enrollment is offered, a Summary of Benefits and Coverage will be provided at the time of the online enrollment. A paper copy must be provided as an option.
3. **Automatic Renewal** – A Summary of Benefits and Coverage must be provided in an automatic renewal 30 days prior to the first day of the new plan year. The Summary of Benefits reflects the plan that the employee and the dependents are currently enrolled in.
4. **Upon Request** – If an employee or dependent requests a Summary of Benefits and Coverage, a copy will be supplied to them within 7 business days. If the employee or dependent makes the request on line, an electronic copy will be provided. A paper copy will also be provided as an option.
5. **SBC Changes** – If the Summary of Benefit and Coverage changes from what was distributed at enrollment, an updated Summary of Benefit and Coverage will be provided to all applicable employees prior to the first day of coverage.
6. **Mid-Year Benefit Changes** – If the Council of Government (COG) makes a mid-year change to the plan that changes the content of the Summary of Benefits and Coverage, a copy will be provided within 60 days advance notice to applicable employees. This is completed by distribution of a new Summary of Benefits and Coverage or a separate notice (summary of material modification).
7. **COBRA Enrollees** – COBRA enrollees are provided with a copy of the Summary of Benefits and Coverage document.

The Summary of Benefits and Coverage document may be distributed to any employee who is able to effectively access documents provided in electronic format at their worksite, if the access is part of their duties as an employee of the Board. A paper version of the Summary of Benefits and Coverage is also provided to employees participating in the Board's health plan or employees that are eligible to participate, but not currently enrolled.