

2025 Open Enrollment Checklist

We are back with an updated list for 2025. With open enrollment around the corner, we know it can be a whirlwind for any group health plan, whether big or small. Staying compliant might feel like climbing a mountain, but do not worry—your EHD team is here to guide you every step of the way. With our expertise in notice requirements, we will ensure your plan stays on track. Grab your pen and get ready to conquer this OE checklist! Many of these notices are included in your annual Benefits Guide, and we have incorporated a few additional ones just in case you were wondering about them.

All-size and funding Group Health Plans:

- ❑ **Children’s Health Insurance Program (CHIP) Notice** – This model notice can be provided either as a complete list or by the states where your employees and their dependents reside. Each state potentially offers a premium assistance subsidy for GHPs, a separate state plan, or Medicaid coverage.
- ❑ **Newborns’ and Mothers’ Health Protection Act Notice** – This should be included in your SPD (summary plan description) therefore a separate notice is not required.
- ❑ **Medicare Part D Creditable Non-Creditable Coverage Notice** – Employers are required to provide one of the model notices (available in English and Spanish) to Medicare-eligible individuals annually by October 14th. However, most employers choose to distribute this notice to all plan participants, regardless of age. Any employer-sponsored health plan that offers prescription drug coverage must share a creditable or non-creditable determination. If you have a fully insured plan, the carrier will advise whether your plan is credible. If you are self-funded, you may need to complete a stand-alone determination.
- ❑ **Special Enrollment Rights Notice** – All group health plans that are not considered “excepted benefits” (such as standalone dental, vision, and flexible spending accounts) must adopt HIPAA’s special enrollment rules. These rules provide coverage for qualifying life events (QLEs). Employees must request enrollment within 30 days of the event, or within 60 days if the event is related to Medicaid or CHIP. This notice should be provided at the time of initial eligibility of the group health plan.



- **Summary Plan Description (SPD)** – The Summary Plan Description (SPD) must be provided to all employees within 90 days of enrollment. If there have been changes to the plan, the SPD should be restated, or a Summary of Material Modification (SMM) should be distributed. The SPD must include detailed information about benefits, rights, claims, and plan obligations, and it must be written in a manner that the average participant can understand.
- **Summary of Benefits and Coverage (SBC) and Uniform Glossary** – The carrier will produce these documents for distribution.
- **Wellness Program Notice (ADA)** – If your wellness program requires health information, you must provide an Americans with Disabilities Act (ADA) notice. This notice, mandated by the Equal Employment Opportunity Commission (EEOC), covers ADA, HIPAA, and the Genetic Information Nondiscrimination Act (GINA). Additionally, separate HIPAA and GINA notices may be required. The EEOC provides a model notice, which must be adjusted to specify what information will be collected, how it will be used, who will have access to it, and how it will be protected.
- **Wellness Program Disclosure Notice (HIPAA)** – If your wellness program offers incentives, it must include a reasonable alternative standard. Health-contingent programs can be either activity-only or outcome-based. These programs must comply with nondiscrimination rules, prohibiting discrimination based on health factors, and must allow for special enrollment. This requirement applies to all wellness programs, although there is no specific model notice available.
- **Women’s Health and Cancer Rights Act Disclosure Notice (WHCRA)** – Plans that cover benefits related to a mastectomy must provide the notice and cover, all stages of reconstructive surgery, symmetrical surgery for the other breast, prostheses & physical complications.
- **Your Rights and Protections Against Surprise Medical Bills Notice** – There is a model notice available.
- **HIPAA Notice of Privacy Practices** – For self-funded group health plans, this notice should be provided every three years. Fully insured group health plans that do not receive any protected health information (PHI) beyond summaries and enrollment details are not required to provide this notice, as the carrier will manage it.



- ❑ **The Uniformed Services Employment and Reemployment Rights Act Notice (USERRA)** – This requirement applies to all employers, regardless of the coverage offered. The poster, which can be obtained from the Department of Labor (DOL), should be displayed alongside other mandatory workplace posters.
- ❑ **Marketplace Notice of Exchange** – This notice should be provided to all employees regardless of their eligibility for benefits at their time of hire.

Size Matters for these notices:

- ❑ **Wellness Program GINA General Disclosure Notice** – If your Group Health Plan (GHP) requests or requires genetic information, you must provide a notice under the Genetic Information Nondiscrimination Act (GINA). This notice must state that providing genetic information is voluntary, explain how the information will be used and protected, and comply with EEOC guidelines. The plan cannot charge higher rates or contributions based on genetic information and cannot collect family history for employment purposes. This requirement applies to employers with fifteen or more employees. The EEOC provides a model notice that can be adjusted to meet these requirements.
- ❑ **Continuation Coverage Rights Under COBRA** – Group sizes with twenty or more employees.
- ❑ **Mental Health Parity and Addictions Equity Act (MHPAEA) Disclosure** – Group sizes with fifty or more employees. There is not a model notice.

Less common instances are when these notices count:

- ❑ **Grandfathered Plan Notice** – All group sizes must comply. If your plan status is grandfathered as defined by the Affordable Care Act, provide this notice to all plan participants or face losing grandfathered status.
- ❑ **Michelle’s Law Notice *** – All group sizes must comply. If your plan covers dependents over age 26 enrolled in school, the notice pertains to a medical leave of absence for the dependent. This should be included in your SPD therefore a separate notice is not required.
- ❑ **Patient Protection Notice** – All group-size non-grandfathered plans that require a primary care physician (PCP) designation for plans such as an HMO (health



maintenance organization) must comply. This should be included in your SPD therefore a separate notice is not required.

- **Notice to Enrollees Regarding Opt-Out** – This notice should be provided only if the plan is a self-funded nonfederal governmental group health plan that has opted out of certain HIPAA requirements. These plans are sponsored by self-funded state or local governments, where the government entity covers the health care costs.

