



PPACA Summary of Benefits and Coverage SBC PREPARATION PRICE LIST & ITEMS NEEDED

Pricing:

| | |
|----------------------------|---------------------------------------|
| Single/First Plan | \$750 |
| Each Additional Plan | \$350 |
| Each Amendment/SBC Restate | \$100 (up to 5 plan changes) per plan |

SBC's will be provided electronically, in English only. Plan sponsor is responsible for administration and distribution to employees, and any language translations required. We are not responsible for determining if your zip code/county requires language translations. We will assume all groups require Spanish unless you tell us otherwise. Language research is the responsibility of the plan sponsor.

What is needed from Plan Sponsor to create SBC's:

*Plan Document and/or SPD and all amendments

*Plan Renewal

Date: _____

*Grandfathered Status:

This plan is a: (check one) ____ Grandfathered Plan ____ Non-Grandfathered Plan

Items Needed from Employer Group:

- 1) Group Name: _____
- 2) Person completing this form: _____
- 3) Contact person for SBC process:
 - Name: _____
 - Phone number & Extension _____
 - Email address: _____
- 4) Open Enrollment Dates (approx): _____
- 5) Number of plans: _____
- 6) PPO Network Name _____
- 7) EPO Network Name _____
- 8) Pharmacy Benefit Manager (PBM) Name: _____
- 9) Claims Administrator (name of firm):
 - _____

10) Contact at Claims Administrator for questions:

- Name: _____
- Phone Number and Extension _____
- Claims phone number (toll free): _____
- Claims administrator website address: _____
- Is your claims administrator posting the Uniform Glossary online at their website?
___ yes ___ no
If no, what website will it be posted on? _____

11) **Spanish** Speaking Representative (required, check one):

____ We will use the TPA Rep -OR - ____ We will use our internal Spanish Contact Person:

- Name _____
- Phone No. and
Extension: _____
- Email
Address: _____
- Human Resources or Plan General Contact Person (such as an HR representative):

12) Depending on your zip code/county, you may also be required to have a contact person and phone number for the following language translations (if none provided, we will assume it is not required for your area):

Chinese

- Name _____
- Phone Number and
Extension: _____
- Email
Address: _____
- Human Resources or Plan General Contact Person (such as an HR representative):

Tagalog

- Name _____
- Phone Number and
Extension: _____
- Email
Address: _____
- Human Resources or Plan General Contact Person (such as an HR representative):

Navajo

- Name _____
- Phone Number and
Extension: _____
- Email
Address: _____
- Human Resources or Plan General Contact Person (such as an HR representative):

SBC Preparation Disclaimer:

Be advised that Advanced Benefit Consulting representatives preparing SBC's are not attorneys. We have made a good faith effort to comply with the law and regulations regarding SBC's. However, at this time, there is no specific guidance or regulations regarding specific SBC preparation for self-funded health plans. We reserve the right to amend these SBC's should their preparation be in conflict with future legislation, regulations, guidance, FAQ's, or related materials. As always, we recommend that you have the SBC's reviewed by your ERISA legal counsel. Preparation of SBC's is an employer responsibility. Advanced Benefit Consulting has provided administrative assistance with compliance only, and take no legal responsibility for the SBC preparation.

Advanced Benefit Consulting SBC Request Form

Plan Sponsor Name: _____

Address: _____

Phone Number: _____

Website Address: _____

Party Paying for the SBC: _____

Billing Address: _____

*Pre-payment required at the time of SBC preparation request. Allow 10 to 24 days for completion (after receipt of all necessary data). Documents may be sent electronically to: dmcociu@advancedbenefitconsulting.com, or by mail at Advanced Benefit Consulting, P.O. Box 6677, Fullerton, CA 92834. Preparation is on a first-come, first-served basis. Physical address for Fed Ex or UPS shipping is 4676 Lakeview Ave, Suite 208, Yorba Linda, CA 92886. Contact us at (714) 693-9754, or toll free at (888) 288-0164, or (866) 658- 3835.
Direct questions to extension 2# or extension 3#.*

In Acceptance:

Plan Sponsor

By:

Signature

Print Name: _____

Title: _____ Date of Request: _____

PAYMENT OPTIONS

- Check enclosed. **Make Check Payable to: *Advanced Benefit Consulting*** and Mail to: SBC Creation Department, Advanced Benefit Consulting, P.O. Box 6677, Fullerton, CA 92834-6677.
- Bill my credit card. Mail or FAX this form to (714) 693-9768.

AMEX Card Number _____ Expiration Date: _____

Mastercard Card Number _____ Expiration Date: _____

VISA Card Number _____ Expiration Date: _____

Number of SBC's _____ AMOUNT ENCLOSED: \$ _____

AUTHORIZED CREDIT CARD SIGNATURE:
