Hello!

This issue of the eUpdate focuses on two important provisions of healthcare reform: the Summary of Benefits and Coverage document, and women's preventive care coverage. We hope you find this information valuable.

**Answers to Your SBC Questions**

The summary of benefits and coverage (SBC) is intended to help consumers better understand their healthcare options by illustrating benefits in a standardized format. Beginning September 23, 2012, the Affordable Care Act requires group health plans and insurers to provide an SBC to policyholders, subscribers, dependents, and applicants.

If you have questions about this document, you're definitely not alone. That's why we've developed a new FAQ to answer questions we've recently received from our agents and clients. The FAQ outlines how PacificSource will comply with the SBC requirements and includes information regarding the content of the SBC, quotes, renewal notices, distribution responsibilities, timelines, and more. Below is a sampling of questions we've addressed. [Read the full FAQ](#).

- When does PacificSource expect to have SBCs available?
- What types of policies are required to use the SBC?
- Will one version of the SBC work for group and individual business in all states?
- How do I obtain an SBC to provide to my clients with quotes?
- Do the regulations allow for electronic transmission of the SBC?

As implementation requirements are changed or clarified, we will continue to update the FAQ. If you have any additional questions, you're welcome to contact your PacificSource Sales or Client Service Representative.

**Women's Preventive Care Timeline and Caveats**

One of the most talked-about pieces of the Affordable Care Act...
is the women's preventive care provision. Basically, the law now makes many women's healthcare services available with no cost sharing (deductible, co-payment, and co-insurance waived) through participating providers. As with other aspects of healthcare reform, however, it's important to understand how this provision will be implemented. Here are a few key things to keep in mind:

**Effective dates**

- For individual policies in Oregon and group policies in all states, the changes are effective on the plan's first renewal date on or after August 1, 2012; i.e., it could be as late as July 1, 2013, for some plans.
- For Montana and Idaho individual policies, the changes became effective across the board for all plans on August 1, 2012.

**Grandfathered plans**
The provision does not apply to grandfathered groups unless they previously accepted the ACA preventive care changes.

**Contraceptives**
What's covered at no cost:

- Generics
- Preferred/formulary if generic is not available

What's subject to co-pay, co-insurance, and/or deductible as indicated on the member's pharmacy benefit summary:

- Preferred/formulary if generic is available

**Providers**
Nonparticipating providers (providers not in our network) will continue to be subject to any applicable deductible, co-payment, or co-insurance.

**Learn More about Reform**
Our Healthcare Reform Resource Center contains FAQs, timelines, additional resources, and more. Visit our Healthcare Reform Resource Center to learn more.