

**60-Day Public Comment and Response for  
Information Collection Requirements Contained in  
Summary of Benefits and Coverage and Uniform Glossary NPRM  
(CMS-10407/OMB Control Number 0938-1146)**

**Comment 1:** Requiring issuers to provide sample certificates of coverage to those shopping for coverage is an unduly burdensome and costly requirement, given the sheer number of certificates an issuer would have to make available. Moreover, any “sample” certificate is bound not to track precisely with the specific coverage the individual is seeking, and will hence mislead consumers. Finally, in issuers’ experience, shoppers do not request the actual certificates of coverage and policies before enrolling in coverage. So this requirement adds a great deal of cost, and consumes a great deal of resources, for little to no consumer benefit. There currently is also no standard for the term “sample” as it related to certificates.

**Comment 2:** We urge the proposed requirement to provide contracts before plan election be dropped. It goes beyond the development and use of SBCs and Uniform Glossaries to a new and costly administrative requirement on employers / plan sponsors and issuers to provide actual or sample plan forms, insurance policies or contracts to shoppers in the individual and group markets, when SBCs are provided already to assist those shoppers.

**Response to 1 & 2:** The December 2014 proposed regulations estimated the burden for this requirement to be de minimis because the documents already exist and issuers already have web addresses where the materials can be made available. Additionally, HHS understands that issuers already frequently make these materials available online to individuals, plan sponsors, and participants and beneficiaries after enrollment in coverage. These final regulations clarify that these documents must be made available online to those shopping for coverage prior to enrollment as well. It is not expected that group health insurance issuers will be providing access to group certificates of coverage prior to execution of the final group certificate of coverage. Instead, HHS anticipates and expects that the sample group certificate of coverage that underlies the product being marketed and sold, and that have been filed with and approved by a state Department of Insurance, are what will be provided prior to the execution of the actual group certificate of coverage. Therefore, HHS still believes that the requirement to make these documents available via an Internet web address will result in only a de minimis burden on issuers. Additionally, HHS notes that this requirement is not new. It comes from the statutory content requirements found in PHS Act section 2715(b)(3)(I). However, the final rule issued in February 2012 did not make clear whether accessibility via web address was required and whether access was required for individuals and group health plan sponsors shopping for coverage. This final regulations clarifies that accessibility via a web address, and for those shopping for coverage, is required.