



CHECKLIST

*for the
Federal Department of Labor Regulations
Governing*

Summary Plan Descriptions

On November 21, 2000, the Federal Department of Labor issued its final regulations governing the contents of Summary Plan Descriptions (SPD). Aetna has assembled the checklist that follows to assist our customers in reviewing their current SPDs for compliance with the new and existing Department of Labor (DOL) SPD requirements.



Benefit Plans Summary Plan Description (SPD) Checklist

Department of Labor Federal Regulation

Date Enacted: 11/21/2000

Regulatory Citation: 29 CFR 2520

| REQUIREMENT & (SECTION OF REGULATIONS) | SPD STATUS | |
|---|--|--|
| | Currently Included | To be Included |
| Name of the plan (102-3 (a)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Name/address of employer, employee organization or representative of parties establishing or maintaining the plan (102-3 (b)(1 to 4)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer identification number (EIN) and the plan number (102-3 (c)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of plan (102-3 (d)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of administration of the plan (102-3 (e)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Name, business address and telephone number of plan administrator (102-3 (f)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal process information (102-3 (g)) <ul style="list-style-type: none"> • Name of the person designated agent for the service of legal process <input type="checkbox"/> • Address at which process may be served on such person <input type="checkbox"/> • Statement that service of legal process can be made upon trustee or plan administrator <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name/title/address of the principle place of business of each plan trustee (102-3 (h)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Sources of contribution and method of amount of contribution calculation (102-3 (p)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Identity of any funding medium used for the accumulation of assets through which benefits are provided (102-3 (q)) | <input type="checkbox"/> | <input type="checkbox"/> |
| The date of the end of the year for purposes of maintaining the plan's fiscal records (102-3 (r)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Statement of eligibility requirements (102-3 (j) (2)) | <input type="checkbox"/> | <input type="checkbox"/> |
| Description of benefits (102-3 (j) (2)) <ul style="list-style-type: none"> • Detailed description or <input type="checkbox"/> • General description and statement of availability ** <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

| REQUIREMENT | SPD STATUS | |
|---|--|--|
| | Currently Included  | To be Included  |
| Cost sharing provisions (102-3 (j) (3)) * | | |
| • Premiums | <input type="checkbox"/> | <input type="checkbox"/> |
| • Deductibles | <input type="checkbox"/> | <input type="checkbox"/> |
| • Coinsurance | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copayment amounts | <input type="checkbox"/> | <input type="checkbox"/> |
| Annual and lifetime caps/other limitations (102-3 (j) (3)) * | <input type="checkbox"/> | <input type="checkbox"/> |
| Covered preventative services (102-3 (j) (3)) * | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription drug coverage (102-3 (j) (3)) * | | |
| • Terms and conditions for coverage of existing and new drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| Terms and conditions for coverage for medical tests/ devices/procedures (102-3 (j) (3)) * | <input type="checkbox"/> | <input type="checkbox"/> |
| Network provider provisions (102-3 (j) (3)) * | | |
| • Provisions governing use | <input type="checkbox"/> | <input type="checkbox"/> |
| • Composition of network | <input type="checkbox"/> | <input type="checkbox"/> |
| • Terms and conditions for out-of-network coverage | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider selection conditions and limitations (102-3 (j) (3)) * | | |
| • Primary care providers | <input type="checkbox"/> | <input type="checkbox"/> |
| • Specialty medical care providers | <input type="checkbox"/> | <input type="checkbox"/> |
| List of network providers (102-3 (j) (3)) * | | |
| • In SPD, or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Separate document accompanying SPD, provided that SPD contains general network description *** | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medical care coverage conditions and limitations (102-3 (j) (3)) * | <input type="checkbox"/> | <input type="checkbox"/> |
| Preauthorization/utilization review if required as coverage precondition (102-3 (j) (3)) * | <input type="checkbox"/> | <input type="checkbox"/> |
| Qualified Medical Child Support Order (102-3 (j)(2)) * | | |
| • Description of the procedures in SPD or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Statement of availability ** | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternity length of hospital stay notice (102-3 (u)) * | | |
| • Federal notice by DOL sample language or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Own text | <input type="checkbox"/> | <input type="checkbox"/> |
| • State notice(s) (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| ERISA rights statement (102-3 (t)(1)) | | |
| • DOL sample language or (102-3 (t) (2)) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Own text | <input type="checkbox"/> | <input type="checkbox"/> |

REQUIREMENT

SPD STATUS

Currently Included ✓ **To be Included** ✓

Circumstances that may trigger (102-3 (l))

- Disqualification/ineligibility/denial/loss/ forfeiture/offset
- Suspension/reduction of coverage/recovery (subrogation/reimbursement)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Fee-based provisions (102-3 (l))

- Benefits requiring fee or charge as precondition

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

COBRA information (if applicable) (102-3 (o)) *

- Qualifying events
- Qualified beneficiaries
- Premiums
- Notice
- Election requirements
- Procedures
- Duration of coverage

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Claims procedures (102-3 (s))

- Preauthorization/approval/utilization reviews *
- Procedures for filing claim forms
- Notification of benefit determinations
- Process for reviewing denied claims
- Applicable time limits
- Remedies for redress of claim denials

- All of the above included in the SPD or
- Provided automatically ***

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Summary of plan provisions related to:

- Authority of plan sponsor to terminate plan/ amend or eliminate benefits (102-3 (l))
- Circumstances for termination of the plan/amendment or elimination of benefits (102-3 (l))

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Summary of plan provisions governing: benefits, rights and obligations upon:

- Termination of plan
- Amendment or elimination of benefits (102-3 (l))

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Summary of plan provisions governing: allocation/ disposition of assets upon termination (102-3 (l))

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

*To be included for Group Health Plans only.
 **SPD must include statement indicating document is available upon request at no cost.
 ***SPD must include statement that document will be provided automatically at no cost and document must be provided to all eligible participants.

THE SPD and SEPARATE DOCUMENTS MUST SATISFY ERISA FORMAT REQUIREMENTS, PER 29 CFR 2520.102-2.

The DOL Claim Benefit Determination Regulations applicable to Disability Plans are effective as of 1/1/02. You can find a Claim Benefit Determination Regulation checklist in our website at: <http://www.aetna.com/about/dolregs.html>.

This checklist does not constitute legal advice. SPD compliance with DOL regulations is a Plan Sponsors' responsibility. Plan Sponsors should consult their own legal counsel to determine if their SPD satisfies the requirements of applicable laws and regulations.