



ACA & Employer Responsibilities “Non-Grandfathered Plans”

Key

(Automatic) – Implemented automatically by Insurance Carrier

(Done by SIG) – Items we (SIG) handle on our clients’ behalf

GREEN Text – Currently being worked on and/or reviewed

RED Text – Delayed item of ACA Health Care Reform

2011

Amended Preventive Care (In-Network) to be no cost (no copay, deductible nor coinsurance) (automatic)

Removed Lifetime Benefit Limitations from Group Medical Plans (automatic)

Amended Eligibility to allow dependent children access to age 26 (automatic)

Amended Pre-Existing Condition Waiting Period to exempt children under age 19 (automatic)

Amended Appeals Process to allow for independent review (automatic)

Amended Flexible Spending Plan to exclude OTC medications and ointments, etc. (automatic)

2012

Began tracking premium costs for W-2 reporting

Other – Distributed CHIP Notice at Open Enrollment (done by SIG for clients)

2013

Expanded Preventive Care (In-Network) to include new standards for Women’s Health (automatic)

Reported the value of 2012 Medical Premiums on employees’ 2012 W-2s

Amended Flexible Spending Plan HCFSA maximum to \$2,500 (automatic)

Distributed Summaries of Benefits & Coverage (SBCs) at Open Enrollment

- Included in Group Health packets as part of OE materials

Other – Distributed CHIP Notice at Open Enrollment (done by SIG for clients)

June 26, 2013 – Section 3 of DOMA overturned

- Same-sex spouses and their children are afforded the same rights under ERISA (including COBRA & HIPAA) as opposite-sex spouses and their children
- Section 125 allows for pre-tax deductions for same-sex spouses and their children.
- Immediate compliance is recommended.

Upcoming Items for 2013 through 2018

Sept. 30, 2013 – Deadline for distribution of Exchange Notice

- Required of all employers who are subject to the Fair Labor Standards Act (FLSA), even if health coverage is not currently offered by the employer
- All current employees (full-time, part-time and temporary/seasonal, regardless of eligibility under the plan) must receive a copy of the Exchange Notice by Sept. 30.
- New hires (beginning Oct. 1) must receive a copy of the Exchange Notice within 14 calendar days of their hire date.
- Distribution via hand-delivery in office and First Class Mail are both acceptable. Email distribution is allowed only if employees’ work-site access to email is an integral part of their job duties.
- **SIG Clients have received a model of the Exchange Notice and have worked with their Account Managers to finalize and distribute properly**

Dec. 2013 – Distribution of SBCs at Open Enrollment meetings, as well as CHIP Notice (**SIG facilitated for clients**)

Jan. 1, 2014

A. DELAYED AND EASED to 2015: Compliance with Pay or Play Reporting and Tracking

- Applies to employers with 50+ FTE employees.

B. Comply with 90 calendar day benefits eligibility period

- Waiting periods of more than 90 calendar days (including weekends and holidays) are banned; is applicable to all employees who would otherwise be eligible for coverage.
- For new variable hour employees, coverage must begin less than 14 months from hire date.
- Cumulative hours-of-service requirements are allowed if they do not exceed 1,200 hours. The 90-day waiting period may begin after the hours-of-service requirement is completed. Hours-of-service requirements must be one-time only and not applied to the same individual each year

C. DELAYED for further guidance: Large Group Automatic Enrollment

- Applies to employers subject to FLSA AND with 200+ FT employees AND with one or more health plans.
- Requires that employer automatically enroll new full-time employees onto one of the health plans available, subject to any allowable waiting period, unless the employee opts-out of coverage.
- Employee must be offered opportunity to disenroll if opt-out was intended.

D. Remove all Pre-Existing Condition Waiting Periods from Group Medical Plans (automatic**)**

E. Amend Group Medical Plans to cover all new mandated Essential Health Benefits (automatic**)**

F. Amend Group Medical Plans to cover new Clinical Trial requirements (automatic**)**

G. Allow enrollment changes and waivers for coverage through WA State Health Exchange

Jan. 30, 2014 – Deadline for distribution of 2013 W-2s with 2013 Medical Premium values

Jan. 1, 2015 – Deadline for compliance with Pay or Play – 100+ Employees

Jan. 1, 2016 – Deadline for compliance with Pay or Play – 50-99 Employees

Jan. 1, 2018 – Excise Tax on High Cost Health Plans (Cadillac Plans)

- Applies to the majority of health plans in which the annual premium for an individual exceeds \$10,200 (or \$27,500 for a family).
- 40% of the monthly amount that exceeds this limitation is taxed to the insurance carrier.
- May see a trickle-down effect to employers, etc.