

PPACA UPDATES FOR EMPLOYERS AND EMPLOYEES

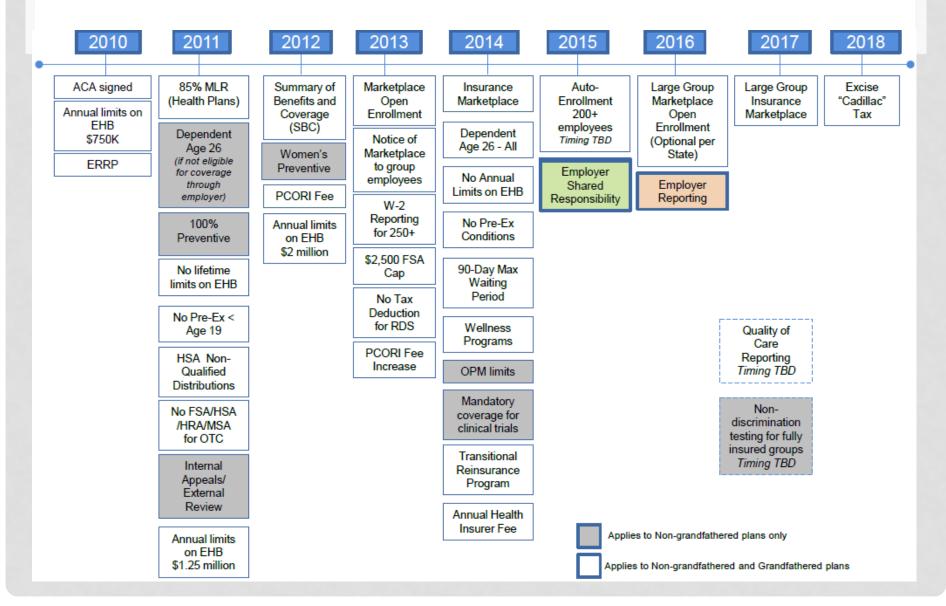
JANUARY 8, 2015

AGENDA

- ACA Timeline
- ACA Overview
- If You Like Your Health Plan...
- Employer Responsibilities
- Legislative Activity
- Funding Strategies



TIMELINE



- Improving Coverage for Individuals
- Shared Responsibility Individuals and Employers
- Penalties for Individuals and Employers
- Essential Health Benefits
- Marketplace for Individuals and Employers



Improving Coverage for Individuals

- Guaranteed Issue no Underwriting, no exclusions, no "rate ups"
- No Lifetime and Annual Limits
- Preventive Coverage \$0 copay
- Dependent Coverage up to age 26
- New Hire Waiting Period Limitations
- Bronze, Silver, Gold and Platinum Plans
- Rating: Age, Address, Tobacco usage



Shared Responsibility - Individual Mandate

- Purchase/Change Coverage at Certain Times
- Open Enrollment/Lock Out
 - October1, 2013 March 31, 2014 (first time)
 - November 15, 2014 February 15, 2015
- Special Enrollment Periods
 - Adding a dependent, marriage, divorce, losing group coverage, moving outside service area



Shared Responsibility - Employers 50+ FTE's (Full Time Equivalents)

- Delayed for 100+ FTE's until 2015
- Delayed for 50-99 FTE's until 2016
- Full-time Employees 30+ hrs/wk
- Plan must meet min. 60% AV
- Cost must not exceed 9.56% income
- Reporting of Health Insurance (2015 or 2016)
- Dependent Coverage is Mandatory
- Coverage for Spouse is Optional



Penalties for Individuals

- Penalty for not purchasing
 - 2014 \$95 or 1% of income (\$285)
 - 2015 \$325 or 2% of income (\$975)
 - 2016 \$695 or 2.5% of income(\$2,085)

Greater amount, not to exceed (max)



Penalties for Employers*

- Employer <u>does not</u> offer coverage
 - \$2,000 per full-time employee (-30)
- Employer <u>offers</u> coverage but is too expensive or poor quality
 - \$3,000 per employee who gets subsidy through the exchange or \$2,000 per employee – whichever is less

*Penalty if employee gets subsidy inside Marketplace

Essential Health Benefits

Must include items and services in the following ten benefit categories:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Women's Preventive Services - breastfeeding support, domestic violence screening, and contraception without cost-sharing

Marketplace for Individuals

- State, Federal or Joint Partnership
- Electronic Marketplace
- Increase Competition
- Consumer Choice of "Metallic" Plans
- Subsidies based on income as % FPL
- No Subsidy if offered Group Coverage



Marketplace Employers

 The SHOP allows employers the option of offering employees all qualified health plans (QHPs) at a particular level of coverage. Employers would be able to choose the level of coverage to offer (bronze, silver, gold, or platinum), define their contribution toward employees' coverage, and then offer the employees choices of multiple insurers and plans



Marketplace Employers - SHOP

Qualified Eligible Employer:

 Is a small employer (50 or fewer full-time equivalent employees for 2014--beginning in 2016, employers with up to 100 employees will be eligible to participate)

Premium Tax Credit (35% non-profit and 50% for-profit)

- Fewer than 25 employees
- Average employee salary is <\$50,000 year (no owners or family members counted)
- Contribute at least 50% of premium



IF YOU LIKE YOUR HEALTH PLAN...

- Individuals who are non-grandfathered may keep their non-ACA "grand mothered" plans until January 1, 2016
- Groups 51-99 delay ACA compliance must offer health insurance by October 1, 2016 or pay penalty
- Groups 100+ must offer 60% AV plans and meet affordability guidelines by January 1, 2015 but need only cover 70% of full-time employees

EMPLOYER RESPONSIBILITIES

- Deliver Marketplace Notice within 14 days of start date
- 90-Day Waiting Period (maximum)
- Reporting Health Insurance Premiums on W-2
 - 250+ already reporting
 - <250 not finalized</p>
- Report Minimum Essential Coverage (MEC) 6055
- Report Employees and Plan offered "Pay or Play" – 6056 Applicable Large Employers
- Funding for plan year in 2015 cannot exceed 9.56% of employee's AGI (formerly 9.5%)



LEGISLATIVE ACTIVITY

- Small Business deductible cap
 - \$2,000 individual/\$4,000 family GONE
- Contraceptive Coverage Supreme Court
- Subsidy Eligibility for States in FFM
- 30 hour/week full-time definition (pending)



FUNDING STRATEGIES

- Defined Contribution vs % of Premium
- QHDHP and Health Savings Accounts (HSA)
- Wellness Plans and Compliance
- Self-Funding arrangements



WHY DO YOU OFFER BENEFITS?

Are you attracting the right type of talent?

Are you retaining key employees?

What is "turn-over" like inside your organization?

Are you positioning your employee benefits package to attract and retain top talent?

Questions and Comments...

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