

Employer Health Reform Checklist

Presented by

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2013 Health Reform Provisions

Provide a Summary of Benefits and Coverage (SBC)

- Provide written notice about Health Insurance Exchanges (Marketplaces)
 - Employers must provide a notice to all current employees (including part-time and full-time employees regardless of whether eligible for coverage) by October 1, 2013
 - For new hires, notice must be provided within **14 days** of hire

Model Notices

The DOL provides the following two model notices:

 Employers who currently offer health insurance to any or all employees can use

http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf

Employers who do not offer health insurance to any employees can use

http://www.dol.gov/ebsa/pdf/FLSAwithoutplans.pdf

- Limit employee contributions to health flexible spending accounts (FSA)
- ➔ W-2 Reporting of Employee Health Coverage Cost
- Check Eligibility for Small Business Tax Credit
- Review Grandfathered Plan Status



2014 Health Reform Provisions

- Plan exclusions for pre-existing conditions are no longer allowed
- No waiting periods longer than 90 calendar days
- Coverage for Clinical Trials
- → Plans must provide Essential Health Benefits (EHB)
 - 1. Ambulatory patient services
 - 2. Emergency services
 - 3. Hospitalization
 - 4. Maternity and newborn care
 - 5. Mental health and substance use disorder services
 - 6. Prescription drugs
 - 7. Rehabilitative and habilitative services and devices
 - 8. Laboratory services
 - 9. Preventative and wellness services and chronic disease management
 - 10. Pediatric services, including oral and vision care

Limit on Annual Out-of-Pocket Maximums

- \$6,350 single coverage
- \$12,700 family coverage
- Limit on Annual Deductibles
 - \$2,000 single coverage
 - \$4,000 family coverage
- → Wellness program incentives
 - Maximum permissible reward increases from 20% to 30% of the coverage cost (or up to 50% for tobacco-contingent rewards)

New Fees on Health Plans

- Patient-Centered Outcomes Research Institute (PCORI) Fee
- Transitional Reinsurance Program (TRP) Fee
- Health Insurer Provider (HIP) Fee
- Risk Adjustment Fee
- Adjusted community rating (ACR)
- \rightarrow Early renewal process (12/1)
- Covered CA

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