

2018 Health Care Reform To-Do List

Small Fully Insured Plans

Client Name:

No. of Employees:

Note: This list is for use by employers with fewer than 50 employees.

Plan Year:

BENEFITS REQUIREMENTS			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<p>Employer Payment Plans Prohibited. Ensure that an employer payment plan is not in place (an arrangement under which an employer reimburses an employee for some or all of the premium expenses incurred for an individual health insurance policy, or uses its funds to directly pay the premium for an individual policy).</p>	<p>Effective as of 2014. Employers can generally increase an employee's compensation without violating the law, so long as the payment of additional compensation is not conditioned on the purchase of health coverage and the employer does not otherwise endorse a particular policy, form, or issuer.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>90-Day Waiting Period Limit. Ensure that any waiting period—the time that must pass before coverage can become effective for an employee or dependent who is otherwise eligible to enroll in the plan—does not exceed 90 days. (Other conditions for eligibility that are not based solely on the lapse of a time period are generally permissible.)</p>	<p>Effective as of 2014. If the plan requires completion of an employment-based orientation period as a condition for eligibility, ensure the orientation period does not exceed one month and the maximum 90-day waiting period begins on the first day after the orientation period.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Annual Dollar Limits Prohibited. Confirm that no annual dollar limits apply to coverage of "essential health benefits."</p>	<p>Effective as of 2014. If the plan limits the number of visits to health providers or days of treatment, verify that the visit or day limit does not amount to a dollar limit.</p>

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<input type="checkbox"/>	<input type="checkbox"/>	No Preexisting Condition Exclusions. Verify that no preexisting condition exclusions are imposed on any individual, regardless of age.	Effective as of 2014 (the provision became effective in 2010 for children under 19 years of age).
BENEFITS REQUIREMENTS (CONT'D)			
<i>Completed</i>	<i>To Be Completed</i>	<i>Employer Action Items</i>	<i>Deadlines/Tips</i>
<i>Non-Grandfathered Plans Only</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Coverage of Preventive Services. Continue to monitor guidelines for preventive services , which are regularly updated to reflect new scientific and medical advances.	As new services are approved, plans will be required to cover them with no cost-sharing for plan years beginning one year later.
<input type="checkbox"/>	<input type="checkbox"/>	Coverage of Essential Health Benefits. Confirm the plan covers " essential health benefits ," a comprehensive package of items and services.	Certain small businesses may be allowed to renew existing group coverage that does not comply with this requirement, through policy years beginning on or before October 1, 2018 , so long as the policy ends by December 31, 2018 . Not all states and insurers will permit coverage to renew. Businesses that are eligible to continue existing coverage will receive a notice from their insurance companies for each policy year.

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<input type="checkbox"/>	<input type="checkbox"/>	<p>Limits on Cost-Sharing. Ensure that annual out-of-pocket costs for coverage of all "essential health benefits" provided in-network do not exceed \$7,350 for self-only coverage or \$14,700 for other than self-only coverage.</p>	<p>Cost-sharing limits have been in effect since 2014. The self-only maximum annual limitation on cost-sharing applies to each individual, regardless of whether the individual is enrolled in self-only coverage or other coverage that is not self-only coverage under a group health plan.</p> <p>Certain small businesses may be allowed to renew existing group coverage that does not comply with this requirement, through policy years beginning on or before October 1, 2018, so long as the policy ends by December 31, 2018. Not all states and insurers will permit coverage to renew. Businesses that are eligible to continue existing coverage will receive a notice from their insurance companies for each policy year.</p>
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NOTICES

<i>Completed</i>	<i>To Be Completed</i>	<i>Employer Action Items</i>	<i>Deadlines/Tips</i>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Distribute Notice of Coverage Options. Provide a written notice with information about the Health Insurance Marketplace to each new employee.</p>	<p>Must be provided to each new employee at the time of hiring, within 14 days of the employee's start date. A model notice is available to help employers comply with this requirement.</p>

NOTICES (CONT'D)

<i>Completed</i>	<i>To Be Completed</i>	<i>Employer Action Items</i>	<i>Deadlines/Tips</i>
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<input type="checkbox"/>	<input type="checkbox"/>	<p>Determine Summary of Benefits and Coverage (SBC) Distribution Requirements. Confirm contractual arrangements with the carrier to prepare and provide the SBC. If the carrier does not assume responsibility, the employer should provide this notice (without charge) to employees and beneficiaries.</p>	<p>Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows:</p> <ul style="list-style-type: none"> • Prior to initial enrollment in the plan; • Upon renewal of plan coverage; • Within 90 days of special enrollment; and • Within 7 business days following receipt of a request.
<input type="checkbox"/>	<input type="checkbox"/>	<p>Distribute Notices of Modification (If Applicable). Ensure that enrollees are provided with written notice of any material modification affecting the content of the SBC (and that occurs other than in connection with coverage renewal or reissuance).</p>	<p>At least 60 days prior to the effective date of the change.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Post Section 1557 Nondiscrimination Notice & Taglines, If Applicable. Entities administering any health program or activity that receives federal financial assistance (such as hospitals that accept Medicare or doctors who accept Medicaid) must inform individuals of their civil rights under Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability.</p>	<p>Nondiscrimination notices and taglines that alert individuals with limited English proficiency to the availability of language assistance services are generally required to be posted in: (1) significant publications and communications targeted to beneficiaries, enrollees, applicants, and members of the public; (2) conspicuous physical locations where a covered entity interacts with the public; and (3) a conspicuous location on the covered entity's website, accessible from the homepage. Content requirements are modified for small-sized significant communications (such as postcards).</p>
FINANCIAL PROVISIONS			
<i>Completed</i>	<i>To Be Completed</i>	<i>Employer Action Items</i>	<i>Deadlines/Tips</i>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Additional Medicare Tax. Withhold Additional Medicare Tax (0.9%) on wages or compensation paid to an employee in excess of \$200,000 in a calendar year.</p>	<p>The tax went into effect in 2013 and applies to certain wages, compensation, and self-employment income received in taxable years beginning after December 31, 2012.</p>

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<input type="checkbox"/>	<input type="checkbox"/>	Medical Loss Ratio Rebates. Distribute any medical loss ratio rebates received from insurance companies to eligible plan enrollees as appropriate.	Rebates are due to employer-policyholders by September 30th .
<input type="checkbox"/>	<input type="checkbox"/>	Small Business Health Care Tax Credit. Determine if your company qualifies for the small business health care tax credit .	For up to two years starting in 2014, the maximum credit increased to 50% of premiums paid by eligible small businesses; however, the credit is generally only available if coverage is obtained through a SHOP Exchange (Marketplace).

Plans With Tax-Favored Arrangements (Cafeteria Plans, FSAs, HRAs) ALSO MUST

<i>Completed</i>	<i>To Be Completed</i>	<i>Employer Action Items</i>	<i>Deadlines/Tips</i>
<input type="checkbox"/>	<input type="checkbox"/>	Cafeteria Plan Mid-Year Election Changes. If employees are allowed to make additional mid-year changes in salary reduction elections in the event of an employee's enrollment in Health Insurance Marketplace coverage and/or a reduction in an employee's hours of service, ensure appropriate plan amendments are adopted.	The amendment must be adopted by the last day of the plan year in which the elections are allowed, and may be effective retroactively to the first day of that plan year, provided the cafeteria plan operates in accordance with agency guidance and the employer informs participants of the amendment.
<input type="checkbox"/>	<input type="checkbox"/>	Prohibited Cafeteria Plan Benefits. Confirm that section 125 plan documents were amended to comply with the prohibition on providing a qualified health plan offered through the Individual Health Insurance Marketplace as a benefit under an employer-sponsored cafeteria plan.	Effective as of 2014. This requirement does not apply to group coverage offered through the SHOP Marketplace .
<input type="checkbox"/>	<input type="checkbox"/>	FSA Contribution Limits. Ensure plan documents reflect that employee salary reduction contributions to health FSAs are limited to \$2,650 annually for tax year 2018.	The limit may be expressed as a maximum dollar amount, a maximum percentage of compensation, or by another method of determining the maximum salary reduction contribution.

Plans With Tax-Favored Arrangements (Cafeteria Plans, FSAs, HRAs) ALSO MUST (CONT'D)

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<input type="checkbox"/>	<input type="checkbox"/>	Analyze FSAs. Confirm that a health FSA qualifies as excepted benefits to comply with the preventive services requirements.	Generally effective as of 2014. Health FSAs are considered to provide only excepted benefits if the employer also makes available group health plan coverage that is not limited to excepted benefits and the health FSA is structured so that the maximum benefit payable to any participant cannot exceed two times the participant's salary reduction election for the health FSA for the year (or, if greater, cannot exceed \$500 plus the amount of the participant's salary reduction election).
<input type="checkbox"/>	<input type="checkbox"/>	FSAs Through Cafeteria Plans. Confirm that a health FSA is offered through a cafeteria plan.	Generally effective as of September 13, 2013.
<input type="checkbox"/>	<input type="checkbox"/>	FSA Carryovers. Determine whether you will allow employees to carry over up to \$500 of unused health FSA amounts to use in the following plan year under the modified "use-or-lose" rule , and adopt appropriate plan amendments.	The amendment must be adopted on or before the last day of the plan year from which amounts may be carried over and may be effective retroactively to the first day of that plan year, provided the plan operates in accordance with agency guidance and informs participants of the carryover provision. A plan incorporating the carryover provision may not also provide for a grace period in the plan year to which unused amounts may be carried over.
<input type="checkbox"/>	<input type="checkbox"/>	Analyze HRAs. Confirm that HRAs (other than qualified small employer HRAs, retiree-only HRAs, and HRAs consisting solely of excepted benefits) are properly "integrated" with other group health plan coverage and are not being used to reimburse an employee's individual insurance policy premiums.	Effective as of 2014. To be "integrated," an HRA must meet specific requirements under either of two methods described in agency guidance , as clarified by ACA FAQs .

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