

## EMPLOYER CHECKLIST FOR ACA COMPLIANCE – 2014 & 2015

### The following obligations apply only to Non-Grandfathered Health Plans

Employer Obligation	Description	DOL Model Form?	Done: Y/N
Employer Mandate (Large employers with 50 or more employees)	<p>Large employers are subject to a penalty if they (i) don't offer a group health plan to full-time employees or (ii) offer coverage that doesn't meet ACA criteria</p> <p>2015 Transitional relief:</p> <ul style="list-style-type: none"> <li>• Employers with 50 – 99 employees are exempt from the penalty in 2015 if they meet the transitional relief criteria</li> <li>• Offer coverage to 70% (rather than 95%) of full-time employees</li> <li>• Employers with more than 100 employees may subtract 80 (rather than 30) employees if assessed the \$2K penalty</li> </ul>	No	
Out-of-Pocket Maximums (a/k/a cost-sharing limits)	<ul style="list-style-type: none"> <li>• 2015 OOP limits: \$6,600 for employee-only &amp; \$13,200 for family</li> <li>• 2015 OOP limits for HDHP with HSA: \$6,450 for employee-only &amp; \$12,900 for family</li> </ul>	No	
Section 6056 Reporting (ACA §1502 & §1514)	<p>Large employers must report on IRS Form 1095 to the IRS and to employees on the details of coverage, including whether it is MEC, &amp; who is eligible</p> <p>Note: Self-insured plans report under §6055</p> <ul style="list-style-type: none"> <li>• 2015 report due to IRS by 2/28/2016</li> <li>• 2015 report due to employees by 1/31/2016 &amp; may be included with W-2</li> </ul> <p>2015 Transitional relief:</p> <ul style="list-style-type: none"> <li>• Employers with 50 – 99 employees are exempt from this requirement</li> </ul>	No	

### The following obligations apply to Grandfathered and Non-Grandfathered Health Plans

Employer Obligation	Description	DOL Model Form?	Done: Y/N
“Cadillac” tax on health plans (IRS §4980I) (ACA §9001 & §1401)	40% excise tax, inflation indexed, beginning in 2018, on health plans that cost more than \$10,200 (individual) or \$27,500 (family)	No	
Health Plan Identifier Number (HPID)	<p>Large health plan (annual receipts over \$5 million) must obtain an HPID from HHS by 11/5/2014</p> <p>Small health plans (less than \$5 million annually)</p>	No	

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	<p>must obtain an HPID from HHS by 11/5/2015</p> <ul style="list-style-type: none"> <li>Fully-insured health plans: the insurer is responsible for this obligation</li> <li>Self-insured health plans: employer is responsible for this obligation</li> <li>Doesn't apply to HRA's or FSA's; health plan only</li> </ul>		
<p>PCORI Fee</p> <p>(Patient-Centered Outcomes Research Institute Trust Fund Fee, a/k/a Comparative Effectiveness Research Fee)</p>	<p>This fee is assessed on plan years ending after 10/1/2012 and before 10/1/2019. Report and pay on IRS Form 720 by 7/31 each year</p> <p>Fee based on (i) every member (individual) covered by health plan or (ii) every employee covered by a Health Reimbursement Account (HRA's)</p> <ul style="list-style-type: none"> <li>\$2 for plan years ending before 10/1/2014</li> <li>\$2.08 for plan years ending before 10/1/2015</li> </ul>	No	
<p>Transitional Reinsurance Fee</p>	<p>This fee is assessed based on every member (individual) covered by the health plan.</p> <ul style="list-style-type: none"> <li>2014 fee: \$63/member</li> <li>2015 fee: \$44/member</li> <li>2016 fee: \$25 - \$35/member</li> </ul> <ul style="list-style-type: none"> <li>Fully-insured health plans: insurer pays &amp; recoups from insured</li> <li>Self-insured health plans: employer pays</li> </ul>	No	
<p>W-2 Reporting</p> <p>(IRS §6051(a)(14)) (ACA §9002)</p>	<p>Began calendar year 2012. Employers issuing 250 or more W-2's (in the prior year) must include information about the group health plan in Box 12 of the W-2</p> <ul style="list-style-type: none"> <li>There are no tax consequences for the employee</li> </ul>	No	

### Cafeteria Plan (§125 Plan) Changes – Deadline 12/31/2014 to Revise Plan Document

Employer Obligation	Description	DOL Model Form?	Done: Y/N
<p>Flexible Spending Account (FSA) Contribution Limit</p>	<p>Healthcare FSA contributions are limited to \$2,500 annually (indexed for inflation). If not already done, the Plan Document must be amended to allow this limit.</p>	No	
<p>Mid-year Election</p>	<p>Plan Doc may be amended to allow employees to change their elections mid-year (i) due to their hours being reduced to less than 30 hours/week or (ii) to enroll in an individual plan offered by the Marketplace</p>	No	

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Same Gender Spouses	The Plan Doc may be amended to allow employees to make pre-tax contributions to an FSA to reimburse medical costs for the employee & same gender spouse	No	
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### Existing ACA or ERISA Notice Requirements

Employer Obligation	Description	DOL Model Form?	Done: Y/N
CHIP/CHIPRA Notice	ERISA-required annual Notice to employees of state premium assistance programs to help lower income individuals pay for coverage  Distribute with open enrollment materials	Yes	
COBRA Notice	ERISA-required Notice informs employees of their right to elect COBRA coverage when their group health plan coverage terminates  Include in open enrollment information during initial enrollment period	Yes	
HIPAA Privacy Notice	ERISA-required Notice informs employees that the Plan Sponsor (usually the employer) will use their protected health information only for the purpose of obtaining and administering a group health plan  Provide at initial enrollment and every 3 years after that	Yes	
Marketplace Notice (a/k/a Exchange Notice)	ACA-required Notice informs employees of their option to seek individual coverage from the Exchange or Marketplace  Distribute to new hires within 14 days of hire  Notice is available in 2 versions: for employers with a group health plan and with no group health plan	Yes	
Medicare Part D Notice	ERISA-required annual Notice. If prescription drug coverage is offered by the GHP, this notice must be given to employees or their beneficiaries who are eligible for Medicare Parts A&B  Distribute before October 15 (when Medicare open enrollment begins)	Yes	
Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)	ERISA-required annual Notice informs employees about mental health and addiction treatment coverage included in the group health plan  Distribute with open enrollment materials	Yes	

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Employer Obligation	Description	DOL Model Form?	Done: Y/N
Special Enrollment Rights Notice	ERISA-required Notice informs employees of their right to enroll in the group health plan if they have a “qualifying event”. Notice should include information the CHIP/CHIPRA Notice	Yes	
Summary of Benefits and Coverage (SBC)	<p>ACA-required form provides employees with information about the health plan’s coverage and benefits.</p> <p>Fully insured health plans: insurer distributes Self-insured health plans: employer distributes</p> <p>Distribute 60 days <i>before</i> a material change to coverage or benefits</p>	Yes	
Summary Plan Descriptions (SPD)	<p>ERISA requirement that is separate from the ACA requirement to provide a SBC. This summarizes covered services or benefits.</p> <p>Distribute within 60 days <i>after</i> a material change, or every 5 years if the plan has been amended or modified, or every 10 years if the plan hasn’t changed</p>	No	
Women’s Health and Cancer Rights Act (WHCRA)	<p>ERISA-required annual Notice distributed at open enrollment regarding breast cancer-related treatments, such as mastectomies</p> <p>Distribute with open enrollment materials</p>	Yes	