

2018 Health Care Reform To-Do List Small Self-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—other than a qualified small employer HRA—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.</p> <p>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>
<input type="checkbox"/>	<input type="checkbox"/>	<p>No Preexisting Condition Exclusions. Verify that no preexisting condition exclusions are imposed on any individual, regardless of age.</p>	<p>Effective as of 2014 (the provision became effective in 2010 for children under 19 years of age).</p>

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BENEFITS REQUIREMENTS (CONT'D)

Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<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"/>	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 .	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.

INFORMATION REPORTING REQUIREMENTS

Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	Compile Required Information to Report Minimum Essential Coverage. As part of the required reporting information , all self-insuring employers (<i>regardless of size</i>) must identify each covered individual and the months for which the individual was enrolled in coverage and entitled to receive benefits.	Review Forms 1094-B and 1095-B , along with their instructions, to view all required reporting information.
<input type="checkbox"/>	<input type="checkbox"/>	Determine Whether a Third Party Will Fulfill Reporting Responsibilities. Self-insuring employers are permitted to use third parties to facilitate filing returns and furnishing individual statements to comply with reporting requirements.	Utilizing a third party to fulfill reporting responsibilities does not transfer the potential liability for the failure to report and furnish statements.
<input type="checkbox"/>	<input type="checkbox"/>	Ensure Electronic Furnishing Requirements Are Satisfied (If Applicable). If planning to furnish individual statements electronically for the first time in 2018 (or if prior consents only applied to statements furnished in 2017), ensure that affirmative consent is obtained from individuals prior to furnishing, and that certain notice, hardware, and software requirements are met.	Individual statements must be furnished no later than March 2, 2018 .
<input type="checkbox"/>	<input type="checkbox"/>	File Returns & Furnish Individual Statements. Transmittal forms and individual statements must be filed with the IRS no later than February 28, 2018 .	If filing electronically, transmittal forms and individual statements must be filed with the IRS no later than April 2, 2018 . While filers of 250 or more Forms 1095-B must electronically file , the IRS encourages entities with fewer than 250 forms to do so.

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NOTICES			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<p>Determine Summary of Benefits and Coverage (SBC) Distribution Requirements. Confirm contractual arrangements with the third-party administrator (TPA) to prepare and provide the SBC. If the TPA 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 that would affect 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>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>
<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>Notices of nondiscrimination 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 an entity interacts with the public; and (3) a conspicuous location on the entity's website, accessible from the homepage. Content requirements are modified for small-sized significant communications.</p>

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NOTICES (CONT'D)			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<p>Distribute Qualified Small Employer HRA Notices, If Applicable. Eligible employers funding qualified small employer HRAs (generally those with fewer than 50 full-time employees that do not offer a group health plan) must provide a written notice to each eligible employee that includes information regarding their permitted benefit, along with information regarding Health Insurance Marketplace and individual mandate requirements.</p>	<p>An employer that provides a QSEHRA during 2017 or 2018 must furnish the initial written notice to its eligible employees by the later of:</p> <ul style="list-style-type: none"> • February 19, 2018; or • 90 days before the first day of the plan year of the QSEHRA. <p>In the case of a newly eligible employee, the initial written notice must be furnished on or before the first day the employee becomes eligible to participate in the QSEHRA.</p>
FINANCIAL PROVISIONS			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<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>
<input type="checkbox"/>	<input type="checkbox"/>	<p>PCORI Fees. Employers sponsoring certain self-insured health plans (including HRAs not treated as excepted benefits) are responsible for fees to fund the Patient-Centered Outcomes Research Institute (PCORI).</p>	<p>IRS Form 720 must be filed annually to report and pay the fees no later than July 31st of the year following the last day of the plan year to which the fee applies. If the due date for filing falls on a Saturday, Sunday, or legal holiday, employers may file on the next business day.</p>

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Plans With Tax-Favored Arrangements (Cafeteria Plans, FSAs, HRAs) ALSO MUST			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p>	<p>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.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p>	<p>Effective as of 2014.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>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 policy premiums.</p>	<p>Effective as of 2014. HRAs that are used to reimburse employees' individual policy premiums may be subject to a \$100/day excise tax per applicable employee, with the exception of qualified small employer HRAs.</p> <p>To be "integrated," an HRA must meet specific requirements under either of two methods described in agency guidance, as clarified by ACA FAQs.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Analyze FSAs. Confirm that a health FSA qualifies as excepted benefits to comply with the preventive services requirements.</p>	<p>Generally effective as of 2014. Health FSAs are considered to provide only excepted benefits if the employer also makes available group 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).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>FSAs Through Cafeteria Plans. Confirm that a health FSA is offered through a cafeteria plan.</p>	<p>Generally effective as of September 13, 2013.</p>

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<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.
<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.

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