

## 2018 Health Care Reform To-Do List

### Large Self-Insured Plans

**Client Name:**

**No. of Employees:**

*Note: This list is for use by employers with 50 or more employees.*

**Plan Year:**

BENEFITS REQUIREMENTS			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<b>Employer Payment Plans Prohibited.</b> Ensure that an <b>employer payment plan is not in place</b> (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).	Effective as of 2014. Employers can generally increase an employee's compensation without violating the law, <b>so long as</b> 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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>90-Day Waiting Periods.</b> Ensure that any <u>waiting period</u> —the time that must pass before coverage can become effective for an employee or dependent who is otherwise eligible to enroll in the plan— <b>does not exceed 90 days</b> . (Other conditions for eligibility that are not based solely on the lapse of a time period are generally permissible.)	Effective as of 2014. If the plan requires completion of an employment-based orientation period as a condition for eligibility, ensure the orientation period <b>does not exceed one month</b> and the maximum 90-day waiting period begins on the first day after the orientation period.  Employers subject to "pay or play" may not be able to impose the full one-month orientation period and the full 90-day waiting period without potentially becoming subject to a penalty.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Annual Dollar Limits Prohibited.</b> Confirm that no annual dollar limits apply to coverage of " <u>essential health benefits</u> ."	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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>No Preexisting Condition Exclusions.</b> 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).
<input type="checkbox"/>	<input type="checkbox"/>	<b>Form W-2 Reporting of Employer-Provided Health Coverage.</b> Continue to <u>report the cost of health coverage</u> provided to each employee annually on Form W-2, unless transition relief applies.	This requirement <b>does not apply</b> to employers required to file <b>fewer than 250 Forms W-2</b> for the preceding calendar year.  Forms W-2 must be furnished to employees by <b>January 31 of each year</b> .

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BENEFITS REQUIREMENTS (CONT'D)			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<b>Non-Grandfathered Plans Only</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Coverage of Preventive Services.</b> Continue to monitor guidelines for <a href="#">preventive services</a> , 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"/>	<b>Limits on Cost-Sharing.</b> Ensure that annual <a href="#">out-of-pocket costs</a> for coverage of all "essential health benefits" provided in-network do not exceed <b>\$7,350 for self-only coverage</b> or <b>\$14,700 for other than self-only coverage</b> .	Cost-sharing limits have been in effect since 2014.  The self-only maximum annual limitation on cost-sharing applies to <b>each individual</b> , 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.
NOTICES			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<b>Distribute Notice of Coverage Options.</b> Provide a written notice with information about the Health Insurance Marketplace to each new employee.	Must be provided to each new employee at the time of hiring, within 14 days of the employee's start date.  A <a href="#">model notice</a> is available to help employers comply with this requirement.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Determine Summary of Benefits and Coverage (SBC) Distribution Requirements.</b> Confirm contractual arrangements with the third party administrator (TPA) to <b>prepare and provide the SBC</b> . If the TPA does not assume responsibility, the employer should provide this notice (without charge) to employees and beneficiaries.	Must be provided at specified times during the enrollment process and upon a participant or beneficiary's request, generally as follows: <ul style="list-style-type: none"> <li>• <b>Prior to initial enrollment</b> in the plan;</li> <li>• Upon <b>renewal</b> of plan coverage;</li> <li>• <b>Within 90 days</b> of special enrollment; and</li> <li>• <b>Within 7 business days</b> following receipt of a request.</li> </ul>

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NOTICES (CONT'D)			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<b>Distribute Notices of Modification (If Applicable).</b> Ensure that enrollees are provided with <b>written notice of any material modification</b> that would affect the content of the SBC (and that occurs other than in connection with renewal or reissuance).	At least <b>60 days prior</b> to the effective date of the change.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Post Section 1557 Nondiscrimination Notice &amp; Taglines, If Applicable.</b> Entities administering any health program or activity that receives federal financial assistance (such as hospitals that accept Medicare or doctors who accept Medicaid) <b>must inform individuals</b> 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.	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.
FINANCIAL PROVISIONS			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<b>Additional Medicare Tax.</b> Withhold <a href="#">Additional Medicare Tax</a> (0.9%) on wages or compensation paid to an employee in excess of \$200,000 in a calendar year.	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.
<input type="checkbox"/>	<input type="checkbox"/>	<b>PCORI Fees.</b> Employers sponsoring <a href="#">certain self-insured health plans</a> (including HRAs not treated as excepted benefits) are <a href="#">responsible for fees</a> to fund the Patient-Centered Outcomes Research Institute (PCORI).	<a href="#">IRS Form 720</a> 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 falls on a Saturday, Sunday, or legal holiday, employers may file the next business day.

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"PAY OR PLAY" & INFORMATION REPORTING REQUIREMENTS			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Determine "Applicable Large Employer" (ALE) Status.</b> In general, employers with 50 or more full-time employees, including full-time equivalents (FTEs), <a href="#">are subject to "pay or play"</a>. ALEs will calculate the <b>average</b> number of full-time employees and FTEs across the months in the current year to determine their status for the upcoming calendar year.</p>	<p><b>Seasonal Worker Exception:</b> An employer that exceeds 50 full-time employees, including FTEs, for <b>120 days or less</b> (or 4 calendar months) during 2017 is not subject to the requirements for 2018 if the employees in excess of 50 during that period were <b>seasonal workers</b>.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Determine Applicable Penalties.</b> ALEs may be liable for a "pay or play" penalty in 2018 if they do not offer <a href="#">affordable coverage that provides minimum value</a> to at least 95% of full-time employees (and their dependents). An ALE that offers coverage to at least 95% of full-time employees may nevertheless owe a penalty if any full-time employee receives a premium tax credit.</p>	<p>In determining if a penalty applies, ALEs should be aware of <b>limited non-penalty periods</b> provided for in the "pay or play" <a href="#">final regulations</a>, during which an ALE generally will not be subject to a penalty.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Compile Required Reporting Information.</b> As part of the <a href="#">information reporting requirements</a> to report "pay or play" compliance, ALEs must, for <b>each month</b> of the calendar year, identify full-time employees and determine whether such employees and their dependents (if any) were offered <a href="#">minimum essential coverage</a> (MEC) that meets the ACA's <a href="#">minimum value requirements and is affordable</a>.</p> <p>As part of the <a href="#">information reporting requirements</a> to report MEC, all self-insuring employers (<i>regardless of size</i>) must identify <b>each covered individual</b> and the months for which the individual was enrolled in coverage/entitled to receive benefits.</p>	<p>While self-insured employers providing minimum essential health coverage are subject to a <a href="#">separate set</a> of information reporting requirements, employers that are subject to <b>both</b> reporting provisions (generally <b>ALEs subject to "pay or play" that sponsor self-insured group health plans</b>) will satisfy their reporting obligations on a single return form (Form 1095-C, used for reporting compliance with "pay or play").</p> <p>Self-insuring ALEs must report information on <b>any employee who enrolls in the health coverage</b>, whether or not the employee is a full-time employee for any month of the calendar year.</p> <p>Review <a href="#">Forms 1094-C</a> and <a href="#">1095-C</a>, along with their instructions, to view all required reporting information.</p>

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### Large Self-Insured Plans

#### "PAY OR PLAY" & INFORMATION REPORTING REQUIREMENTS (CONT'D)

<i>Completed</i>	<i>To Be Completed</i>	<i>Employer Action Items</i>	<i>Deadlines/Tips</i>
<input type="checkbox"/>	<input type="checkbox"/>	Select Reporting Method & Determine Whether a Third Party Will Fulfill Reporting Responsibilities. Determine whether the ALE will use the <a href="#">general method</a> of reporting or the <a href="#">simplified alternative method</a> to satisfy reporting requirements, and whether a third party will file returns and furnish statements.	Utilizing a third party to fulfill reporting responsibilities <b>does not</b> transfer an ALE's potential "pay or play" liability, nor does it 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 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.	Statements must be furnished to covered individuals <b>no later than March 2, 2018</b> .
<input type="checkbox"/>	<input type="checkbox"/>	File Returns & Furnish Statements. Transmittal forms and individual/employee statements must be filed with the IRS <b>no later than February 28, 2018</b> (or April 2, 2018, if filed electronically). Statements must be furnished to covered individuals <b>no later than March 2, 2018</b> .	ALEs that are required to file <b>250 or more</b> Forms 1095-C during the calendar year <b>must file the returns electronically</b> .

#### 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"/>	<b>Cafeteria Plan Mid-Year Election Changes.</b> If employees are allowed to make <b>additional mid-year changes in salary reduction elections</b> in the event of an employee's enrollment in Health Insurance Marketplace coverage and/or a reduction in an employee's hours of service, <b>ensure appropriate plan amendments are adopted.</b>	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 <a href="#">agency guidance</a> and the employer informs participants of the amendment.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Prohibited Cafeteria Plan Benefits.</b> Confirm that section 125 plan documents were amended to comply with the <b>prohibition on providing a qualified Individual Health Insurance Marketplace plan</b> as a benefit under an employer-sponsored cafeteria plan.	Effective as of 2014.

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Plans With Tax-Favored Arrangements (Cafeteria Plans, FSAs, HRAs) ALSO MUST (CONT'D)			
Completed	To Be Completed	Employer Action Items	Deadlines/Tips
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Analyze HRAs.</b> Confirm that HRAs (other than retiree-only HRAs and HRAs consisting solely of excepted benefits) are "<a href="#">integrated</a>" with other group health plan coverage and <b>are not being used to reimburse an employee's individual policy premiums.</b></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.</p> <p>To be "integrated," an HRA must meet specific requirements under either of two methods described in <a href="#">agency guidance</a>, as clarified by <a href="#">ACA FAQs</a>.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Analyze FSAs.</b> Confirm that a health FSA <b>qualifies as excepted benefits</b> to comply with the preventive services requirements.</p>	<p>Generally effective as of 2014. Health FSAs are considered to provide only <a href="#">excepted benefits</a> 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).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>FSAs Through Cafeteria Plans.</b> Confirm that a health FSA is <b>offered through a cafeteria plan.</b></p>	<p>Generally effective as of September 13, 2013.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>FSA Contribution Limits.</b> Ensure plan documents reflect that employee <b>salary reduction contributions to health FSAs are limited to \$2,650 annually</b> for tax year 2018.</p>	<p>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.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>FSA Carryovers.</b> Determine whether you will allow employees to <b>carry over up to \$500 of unused health FSA amounts</b> to use in the following plan year under the <a href="#">modified "use-or-lose" rule</a>, and <b>adopt appropriate plan amendments.</b></p>	<p>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 <a href="#">agency guidance</a> and informs participants of the carryover provision. A plan incorporating the carryover provision <b>may not also provide for a grace period</b> in the plan year to which unused amounts may be carried over.</p>

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