Health Care Reform
A Closer Look At The Affordable Care Act
Today’s Objectives

...Unravel the mess...

There's only two things I don't like:
Change and the way things are.
Today’s Objectives

To make you laugh!

www.austinbenefits.com
But First...What’s New at Austin

• We are proud to share with you the news about our name change!
• Austin Benefits Group reflects what we are all about
• The new logo represents teamwork and collaboration, and the center – our focus and dedication to our clients’ needs
We’ve moved!

Austin Benefits Group
38500 Woodward Ave.
Suite 360
Bloomfield Hills, MI 48304
What’s New at Austin

We’ve moved!
What’s New at Austin

Recognized as a 101 Best and Brightest Company to Work For, for the third year in a row!

2012 2013 2014

Congratulations to our clients:

[Company Logos]

www.austinbenefits.com
The Austin Team

**Benefit Advisors:**
Dean Austin – CEO
Lauren Simonetti – Benefit Advisor

**Client Services:**
Cathy Siska – Vice President of Client Services
Valerie Heatley – Senior Account Manager & Team Leader
Melissa Carey – Account Manager
Melissa Slaughter – Account Manager
Janet Pascoe – Associate Account Manager

**Underwriting:**
Christi Clark – Benefit Analyst
Debbie Churchill – Benefit Analyst

**Marketing and Employee Communications:**
Marissa Blaski – Marketing Specialist
Allison Cumper – Marketing Specialist
Kalie Clay – Marketing Specialist

**IT and Business Development:**
Ed Andrews – Director of IT and Business Development

**Enrollment:**
Katie Wujczyk – Enrollment Specialist
Kara Dannhausen – Enrollment Specialist

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Today’s Goals

1. Educate
   - Health Care Reform
   - Compliance
   - Industry changes

2. New ideas for your benefits package

3. Ensure that you leave here with information that is valuable to you and your organization
A Review of Health Care Reform
Can you keep your health plan?

You can keep your plan!

No...you can’t...

But wait...yes, you can!
Can you keep your health plan?

Transition period would apply to renewals of existing business from January 1, 2014 to October 1, 2016

What are the insurance carriers doing?

**Yes – You can keep it!**
- Priority Health
- HAP

**No – You can’t!**
- UnitedHealthcare
- BCBSM
- HealthPlus
Remember the Pillars of Health Care Reform

Regulated Coverage & Compliance

- Essential Health Benefits
- Metal Tiers
- Plan Designs
- Compliance
- Play-or-play
- Possible Penalties

Industry Changes

- Product Portfolios
- Pricing and Rating
- Individual Marketplace
- SHOP
- Private Exchanges

Taxes and Fees

- Small and Large Employers
- Taxes and Fees

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Recap of Reform Product Requirements

**Actuarial Value (AV):**
- The percent of expenses that a standard population would expect to pay for EHBs under a given plan
- Example: 70% AV plan
  - Play pays 70%
  - Enrollee pays 30% through copays, deductibles and coinsurance

**Metal Tiers & Actuarial Value:**
- Actuarial targets that a qualified health plan must achieve
- Products cannot live above, below or between four metal tiers
- Employer funding of HRA/HSA impacts AV

<table>
<thead>
<tr>
<th>Platinum (88-92% AV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold (78-82% AV)</td>
</tr>
<tr>
<td>Silver (68-72% AV)</td>
</tr>
<tr>
<td>Bronze (58-62% AV)</td>
</tr>
<tr>
<td>Catastrophic (Individual only)</td>
</tr>
</tbody>
</table>
Recap of Reform Product Requirements

**Essential Health Benefits (EHB) – Small Groups**

- ✓ Ambulatory patient services
- ✓ Emergency services
- ✓ Hospitalization
- ✓ Maternity & Newborn Care
- ✓ Mental Health & Substance Use Disorder Services (including Behavioral Health Treatment)
- ✓ Prescription Drugs (included in package for Small Group plans)
- ✓ Rehabilitative & Habilitation Services & Devices
- ✓ Laboratory Services
- ✓ Preventive & Wellness Services & Chronic Disease Management
- ✓ Pediatric Services (including Oral & Vision Care)
Recap of Reform Product Requirements

**Pediatric Dental (EHB):**

- Small Group EHB requirement for individuals under the age of 19
- Coverage includes:
  - Class I: Diagnostic and preventive services (exams, cleanings, x-rays, fluoride treatments, sealants, etc.)
  - Class II: Minor restorative services such as fillings
  - Class III: Major restorative services such as crowns
Pediatric Dental (EHB):

- Pediatric dental with Blue Cross:
  - The group’s renewal date determines when coverage becomes effective.
  - Charged only for children who are eligible.
  - Cost is approximately $25-29 per dependent.
  - Pediatric dental benefits are added to group coverage for all eligible members of subscribers who waive voluntary dental coverage. A separate division is created for these individuals for billings purposes.

- If pediatric dental is not included in the medical rate, it must be included in the dental program and a pediatric dental attestation form is signed by the group.
Pediatric Vision:

- Coverage automatically included in the health plan
- Coverage includes:
  - Eye exam
  - Prescription glasses (selection of predetermined glasses depending on vendor)
  - Contact lenses
- Pediatric Vision with Blue Cross:
  - Pediatric vision benefits are included in the health plan and cannot be removed. Additional benefits for pediatric members cannot be purchased and all BCBSM Vision plans are adult-only for the small group market.
**Recap of Reform Product Requirements**

**True Out-of-Pocket Maximum**

- Deductible, coinsurance and copays must accumulate to the true out-of-pocket maximum (OOPM)

- Example:

- $2,000 deductible, 80/20% coinsurance, $4,000 OOPM
  - $4,000 OOPM is made up of the $2,000 deductible, coinsurance, and copays for office visits and prescription drugs
Recap of Reform Product Requirements

Out-of-Pocket Maximum

Deductible First – Does not accumulate

Pre-Obamacare

Coinsurance = OOPM + All copays

VS.

True Out-of-Pocket Maximum

2014 & Beyond

Deductible + Coinsurance + Office Copays + Rx Copays = OOPM

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20
Recap of Reform Product Requirements

Wellness Rules

- Employers can charge workers as much as 30% of their medical plan premiums for failing to meet wellness incentive goals.
- They may reward up to 50% for smoking cessation programs

Maximum Deductible: Repealed on April 1, 2014

- $2,000/$4,000
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Small</th>
<th>Large</th>
<th>Self-funded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less Than 50</td>
<td>50-100</td>
<td>Over 100</td>
</tr>
<tr>
<td>Plans meet Essential Health Benefits</td>
<td>2014</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>Qualified Health Plans must hit metal levels</td>
<td>2014</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>Plans to integrate all cost-sharing for EHBs to True Out of Pocket Maximum</td>
<td>2014</td>
<td>2014</td>
<td>2014</td>
</tr>
<tr>
<td>Maximum OOP limits $6,350/$12,700 (‘14) and $6,750/$13,500 (‘15)</td>
<td>2014</td>
<td>2014</td>
<td>2014</td>
</tr>
<tr>
<td>Wellness plans based on test results must give alternate pathway to reward</td>
<td>2014</td>
<td>2014</td>
<td>2014</td>
</tr>
<tr>
<td>No Annual Coverage Limits/Pre-Existing Exclusions</td>
<td>2014</td>
<td>2014</td>
<td>2014</td>
</tr>
<tr>
<td>Ensuring Coverage During Clinical Trial Participation</td>
<td>2014</td>
<td>2014</td>
<td>2014</td>
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<tr>
<td>Benefit</td>
<td>Small</td>
<td>Large</td>
<td>Self-funded</td>
</tr>
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<td>----------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Plans meet Essential Health Benefits</td>
<td>No New Requirements</td>
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<tr>
<td>Qualified Health Plans must hit metal levels</td>
<td>No New Requirements</td>
<td>2016</td>
<td>2017</td>
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<tr>
<td>Plans to integrate all cost-sharing for EHBs to single OOP max</td>
<td>2016</td>
<td>2017</td>
<td></td>
</tr>
</tbody>
</table>
Recap of Compliance Requirements

• **Non-discrimination testing for group health plans** - *Suspended*

• **W2 Reporting** – in effect

• **Employee Notice of Exchange Options**
  • Provide to all New Hires going forward

• **Summary of Benefits and Coverage**

• **New Hire Waiting Periods**
  • Cannot exceed 90 days

• **Minimum Hours to be Eligible for Coverage**
  • 30 hours
Recap of Compliance Requirements

• **Health Plan Identifier**
  • 10-digit, all numeric code similar to a credit card number
  • Used to “promote the efficient and uniform transmission of health information”
  • Applies to group health plans subject to HIPAA’s administrative provisions – including insured and self-insured plans

• **Compliance dates:**
  • Large groups (50+): November 5, 2014
  • Small health plans (Under 50): November 5, 2015

• More information on the HPI can be found in the [appendix](#).
Recap of Compliance Requirements

- **Automatic Enrollment - Pending further regulations**
  - Employers subject to the Fair Labor Standards Act with more than 200 employees
  - Required to automatically enroll new full-time employees in one of the employer’s health benefit plans (subject to waiting period)
Recap of Compliance Requirements

• **IRS Section 6055 and 6056 - Voluntary Reporting in 2015; Mandatory in 2016**

  • **Section 6055**: Requires health insurance issuers, self-insured plan sponsors and government-sponsored health insurance to report information on offered coverage to the IRS and covered individuals

  • **Section 6056**: Requires applicable large employers (ALEs) subject to the employer shared responsibility rules to report information on the health coverage offered to full time employees to the IRS and covered individuals

  • More information on the filing can be found in the [appendix](#).
IRS Reporting for Employer Mandate

IRS Reporting Forms 1094-C and 1095-C

- IRS released draft instructions 1094-C and 1095-C for reporting forms for the employer mandate on August 28, 2014
- Draft forms can be found here: http://www.irs.gov/pub/irs-dft/i109495c--dft.pdf
- The first reporting is required in early 2016 for the 2015 calendar year, however it is optional to report in 2015 for the 2014 calendar year.
The Employer Mandate
Employer Penalties for Not Offering Required Coverage

Delayed as of July 2, 2013:

• 100 or more full-time employees (including FTEs) – 2015
• 50-99 full-time employees (including FTEs) – 2016
• Under 50 – No Penalty
No Coverage Penalty:

$2,000/year per full-time employee less the first 30 employees

- **Interim Rule:** For 2015, an employer with at least 100 full-time employees may exclude the first 80 employees under this calculation
- Employer is not liable for this penalty in 2015 if it offers coverage to at least 70% of its full-time employees

- **Example:** Employer has 140 employees and does not offer coverage in 2015 or 2016.

  2015: The penalty is $120,000. $2,000 * (140-80) = $120,000

  2016: The penalty is $220,000. $2,000 * (140-30) =$220,000
Unaffordable Coverage Penalty:

$3,000/year per full-time employee that receives a tax credit, less the first 30 employees

• **Interim Rule:** For 2015, an employer with at least 100 full-time employees may exclude the first 80 employees under this calculation

• **Example:** An employer with 300 employees has coverage that is unaffordable. 100 employees waive this coverage and obtain a subsidy tax credit on the Marketplace.

  2015: The penalty to the employer $60,000. $3,000 * (100-80) = $60,000

  2016: The penalty to the employer is $210,000. $3,000 * (100-30) = $210,000
Affordability Test

Employers must provide affordable coverage

- W2 Safe Harbor:
  - Determine if the employee portion of the self-only premium does not exceed 9.5% of the employee’s W-2 wages.

- Rate of Pay Safe Harbor:
  - The employee’s monthly contribution amount of self-only premium is affordable if it is equal to our lower than 9.5% of the computed monthly wages.

- Federal Poverty Line Safe Harbor:
  - Determine if coverage is affordable based on the federal poverty line (FPL) for a single individual in effect 6 months prior to the beginning of the plan year. Coverage is considered affordable if the employee’s cost for self-only coverage does not exceed 9.5% of the FPL for a single individual.
Step 1: Defining a “Full-Time Employee”

For purposes of the Employer-Shared Responsibility Provisions under PPACA,

A “full-time employee” is defined as:

Employee working an average of 30 hours of service in a calendar week

or

130 hours of service in a month
Full-time equivalents (FTE) include:

- Full-time employees working at least 30 hours;
- Part-time employees working less than 30 hours;
- Seasonal/variable employees
Step 2: Determining “Full-Time Equivalents”

Full-time equivalents (FTE) Hours of Service:

- **Includes**: paid leave like vacations, holidays, leave for illness, disability or other incapacity, layoffs, jury or military duty leave
- **Hourly employees**: Employer must use actual hours of services (including paid leave) for which payment is made or due, when determining full-time status
- **Non-hourly employees**: Employer may choose to use one of three methods for determining full-time status:
  - Actual hours of service
  - Days-worked equivalency
  - Weeks-worked equivalency
Step 2: Determining “Full-Time Equivalents”

**Seasonal employees:**

- A worker who performs labor or services on a seasonal basis and retail workers employed during holiday seasons
- Must be counted in the FTE calculation if employed more than 120 days or fewer in the preceding calendar year
- 120 days do not have to be consecutive
Look Back Measurement Period:

- A period of 3-12 months during which the average number of hours worked by employees are to be measured.

- For Ongoing Employees: Utilize a Standard Measurement Period (SMP) of 3-12 months.
Look Back Measurement Period:

• For New Hires: Utilize an Initial Measurement Period (IMP). This period generally starts on the new employee’s start date. This Initial Measurement Period is not contained within the Standard Measurement Period, and therefore you will have a separate IMP for every new hire.

• Employers should consider having all look back initial measurement periods (IMPs) start on the first day of a calendar month following hire to ease administration.
Step 3: Calculating FTEs

Utilize the SmartTools for Reform Calculator

Full-time Employees

- On this screen, enter the number of full-time employees for each month. Do not include seasonal workers in this count. Note that whether an employee is full-time depends on hours of service, not any prior classification.

If your organization is using the special transition rule that allows an employee to measure any period in 2013 that is 6 consecutive months to determine ALE status for 2013, only fill in the employee counts for the months you are measuring.

When you are finished entering the data for full-time employees, advance to the next screen by using the arrow in the upper left corner of this screen.

These employee counts are from the year:

Therefore, these counts will be used to determine ALE status for the calendar year

<table>
<thead>
<tr>
<th>Month</th>
<th>Full-Time Employee Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td></td>
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<tr>
<td>May</td>
<td></td>
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<tr>
<td>June</td>
<td></td>
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<tr>
<td>July</td>
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<tr>
<td>August</td>
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<tr>
<td>September</td>
<td></td>
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<tr>
<td>October</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
</tr>
</tbody>
</table>

January Part-time Hours

If your organization had any part-time employees (not including seasonal workers) that had hours of service during the month of January, enter each employee’s name or unique identifier in the first column and his or her hours of service in the second column. The calculator will then calculate the hours that will count toward your applicable large employer status.

You can copy data from a payroll spreadsheet or other file into this worksheet.

If your organization is using the special transition rule that allows an employee to measure any period in 2013 that is 6 consecutive months to determine large employer status for 2013, only fill in the part-time employee hours for the months you are measuring. It is unclear whether this special transition rule will be available for determining large employer status for 2015 and later years.

Seasonal Workers

- If you employ seasonal workers, use this screen to account for the hours of service for those workers. If you do not.

A seasonal worker is a worker who performs labor or services on a seasonal basis, including (but not limited to) a good faith interpretation of the term “seasonal worker” until further guidance is issued.

- Account for full-time seasonal (FT seasonal) workers using the table on the left. For each FT Seasonal worker, enter each month in which he or she was not employed at your organization or had no hours of service.

- Account for part-time seasonal (PT seasonal) workers using the table on the right. For each PT Seasonal worker:

  - If your organization is using the special transition rule that allows an employee to measure any period in 2013 that is 6 consecutive months, the seasonal worker exception is based on the entire calendar year. Thus, if your organization wants to use the entire 2014 calendar year and cannot use a shorter measurement period during 2014.

Full-time Seasonal Workers

Enter 1 if the employee was a full-time employee in any month. Enter 0 if he or she was not.
Taxes and Fees
<table>
<thead>
<tr>
<th>Tax/Fee</th>
<th>Who pays</th>
<th>How much and when</th>
<th>Small</th>
<th>Large</th>
<th>Self-funded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Less Than 50</td>
<td>50-100</td>
<td>Over 100</td>
</tr>
<tr>
<td>Federal Insurance Premium Tax</td>
<td>Health Insurance to Issuer</td>
<td>% of Premium Annual tax 2014</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Comparative Effectiveness Research Fee</td>
<td>Health Insurance Issuer for fully-insured Plan sponsor for self-funded (incl. HRA)</td>
<td>$1-$2 PMPY Annual fee Beg. 2013</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reinsurance Fee</td>
<td>Health insurance issuer for full-insured business. Third party administrators for self-funded</td>
<td>$5.25 PMPM Quarterly fee 2014-2016</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Marketplace Fee/Exchange User</td>
<td>Health insurance issuer participating and offering health plans on the state or fed exchange</td>
<td>3.5% of marketplace premium Monthly fee 2014+</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Adjustment Fee</td>
<td>Health Insurance Issuer</td>
<td>$0.96 PMPY Annual fee 2014</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Cost Health Plan Excise tax (Cadillac Tax)</td>
<td>Health insurance issuer for fully-insured. Sponsors and TPAs for self-funded.</td>
<td>Variable Annual tax 2018+</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Time to take a break...

Innovative Contribution Strategies
Private Exchanges
What’s Up with the Marketplace?

stay tuned...
Employer-Employee Contribution Strategies
What's happening to plan designs and cost?

- Health plan benchmark report from 50,000 employers in 2013
- Demonstrates how cost increases and Health Care Reform compliance are impacting benefit design and employer/employee contributions
- More benchmark data can be found in the appendix.
Driving Forces:

- Member-level rating in small groups
- Rising healthcare costs
- Compliance with employee contributions to not exceed 9.5% of their W-2 earnings
- Pending non-discrimination rules
Employee contribution options:

• Flat dollar amount (Defined Contribution)
  • Example: Each employee received a flat $300/month towards their health coverage.

• Percentage of rate
  • Example: Employer pays 80% of the medical rate. The amount could differ for each employee depending on enrollment and whether or not the employer is a small group

• Percentage of salary
  • Example: 3% of salary is the employee’s contribution to medical coverage. In this scenario, an employee that makes less pays less for insurance, and an employee that earns more, pays more for coverage.
Defined contribution strategies (simple cafeteria plans) play a significant role in why private exchanges are growing in popularity amongst employers.
Private Exchanges
A private exchange is a marketplace that provides employees the ability to learn about and purchase from a variety of health plan choices, while giving the employer an alternative to managing benefits.
• Private exchange solution from Bloom Health
  • BCBSM has ownership in Bloom Health
  • Extensive product menu (4-5 product options)
  • PPO, HMO and HSA plans, RX, dental and vision plans
  • Available to groups with 50 or more full-time employees
<table>
<thead>
<tr>
<th>Needs</th>
<th>Employers</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage plan cost</td>
<td>Predictable budget and transparency of total costs</td>
<td>Drive their own costs through their health plan choice vs. employer-selected plans for an entire workforce</td>
</tr>
<tr>
<td></td>
<td>More plan options to satisfy unique employee needs</td>
<td>Expanded plan choices to satisfy individual and family needs</td>
</tr>
<tr>
<td>Improve employee</td>
<td>Employer “outsources” administration to GlidePath</td>
<td>Unique customer service experience to simplify plan selection, enrollment, etc.</td>
</tr>
<tr>
<td>satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simplify employer</td>
<td>Employer-funded benefits help attract and retain talent</td>
<td>Pretax purchasing power, control of health costs and greater choice</td>
</tr>
<tr>
<td>administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attract and retain</td>
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<tr>
<td>employees</td>
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</tr>
</tbody>
</table>

Control
How Glidepath Works:

- Determines contribution amount
- Chooses comprehensive menu of health plans to offer employees

- Uses employer contribution to buy insurance and other benefits
- Shops online to find coverage to meet their needs
BCBSM Small Group Private Exchange – CoverageForCompanies

- Online marketplace exclusive to BCBSM and BCN
- Built for 1-50 eligible market
- Employers select a product suite from 5 suites available, predetermined by Blue Cross
  - Each suite has 4 plans
  - Each enrolling employee selects one plan from the chosen suite
  - Out-of-state employees will have BCBSM options only.
  - Employees outside of the BCN service area will see BCBSM options only.
## Product Suites:

<table>
<thead>
<tr>
<th>Suite A</th>
<th>Suite B</th>
<th>Suite C</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCN HMO Platinum 20%</td>
<td>BCN HMO Gold $1000</td>
<td>BCN HMO Gold $2000</td>
</tr>
<tr>
<td>BCN HMO Gold $1000</td>
<td>BCN HMO Silver $3000</td>
<td>BCN HSA HMO Bronze $3000</td>
</tr>
<tr>
<td>Simply Blue PPO Gold $500</td>
<td>Simply Blue PPO Gold $1500</td>
<td>Simply Blue PPO Silver $3000</td>
</tr>
<tr>
<td>Simply Blue HSA PPO Silver $2000</td>
<td>Simply Blue HSA PPO Bronze $3000</td>
<td>Simply Blue HSA PPO Bronze $4000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suite D</th>
<th>Suite E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Blue Living HMO Plat. $250</td>
<td>Simply Blue Gold $500</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Gold $1500</td>
<td>Simply Blue Gold $1500</td>
</tr>
<tr>
<td>Simply Blue PPO Gold $500</td>
<td>Simply Blue PPO Silver $2000</td>
</tr>
<tr>
<td>Simply Blue HSA PPO Silver $2000</td>
<td>Simply Blue HSA PPO Bronze $3000</td>
</tr>
</tbody>
</table>
Member level rates apply for all plans, but employer can choose to set either of these contribution strategies:

- Percentage of member-level rates
- A flat dollar amount or a percentage of composite rate (Employer will still be billed with member-level rates)

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined-contribution system</td>
<td>No flexibility of plan options – Suites are set</td>
</tr>
<tr>
<td>Online enrollment</td>
<td>No voluntary or freestanding dental or vision products available</td>
</tr>
<tr>
<td>More plan choices for small employers</td>
<td>Product suites not available until renewal dates beginning 12/1/2014; No open enrollment can occur after 10/6/14 for 12/1 renewals</td>
</tr>
</tbody>
</table>
Multi-store private exchange powered by Bright Choices Exchange

• Integrated and defined contribution strategy, employers set their budget and contribution amounts, pick insurance carriers and let the employees choose
• Each employee customizes their own benefit package
Participating insurance carriers:

• Priority Health
• HAP
• MetLife
• Guardian
• Allstate
• UnitedHealthcare
• Ulliance – health and wellness and EAP plans

Cannot mix-match insurance carriers
The Marketplace
The Marketplace

• Open Enrollment for 2015: November 15, 2014 – February 15, 2015
• Individual coverage:
  • An individual may only enroll during the open enrollment period or with a qualifying life event.
The Marketplace

• Issues so far:
  • Slow website
  • Issues verifying identity
  • Security
  • Issues with information being received by the Marketplace
  • Long delay from when application is submitted and when it is received by the insurance companies

• Michigan plans for Marketplace are awaiting government approval and are expected to be released in October.
Employers cannot pay or reimburse the premium amount for an employee that obtains an individual medical policy.
• On August 28, 2014, the IRS release draft instructions for 1095-A, reporting forms to be used for individual coverage.
• Used for people who enroll in a qualified health plan through the Marketplace.
• Used to claim the premium tax credit, reconcile the credit on their return, or to file an accurate tax return.
• This must be filed prior to January 31, 2015 and can be found here http://www.irs.gov/pub/irs-dft/i1095a--dft.pdf
The Austin Difference
Take-Aways

1. How we are going to help manage the health care monster

2. Tools to help us make great decisions, together

3. Assurance that you are compliant with all the legislative stuff

4. The Extras:

The Austin Team!
Thank you for your business!