

THE AFFORDABLE CARE ACT'S TOP 10 POINTS FOR CEO'S



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PPACA (PATIENT PROTECTION AND AFFORDABLE CARE ACT) #1

The Biggest Challenge for Companies moving forward will remain finding and training the right skilled workforce/talent.

PPACA #2

Employee benefits and especially health insurance offerings will become even more important as a differentiator among employee job offers for candidates after PPACA.

PPACA #3

Costs for Health Insurance will be Higher Due to:

- New Taxes (fully insured plans pay 3.5% - 4.5% in combined taxes through premium rates in 2014)
- No Risk Underwriting
- Community Rating (Every employee has their own rate based on age)
- Squeezing of Age Bands (younger groups will pay more)
- All plans mapped to a compliant plan, unless they qualify for Transitional Policy
- Additional benefits added, including pediatric dental and vision. Copays included in out of pocket max
- Maximum out of pocket limits of \$6,350 employee and \$12,700 family
- Any plan that mandates employees pay more than established out of pocket limits for any of the essential benefits, will not be compliant according to our benefit attorney's opinion.

PPACA #4

Previous points in PPACA #3 will expand to groups of up to 100 employees beginning January 2016.

TRANSITIONAL POLICY

- **Allows group to keep current plan design and rating methodology**
- **Important for groups over 50 in 2015**
- **CMS offered extension option to states/insurers**
 - **The plan selected at the 2015 renewal will be the only non ACA plan that groups can keep for 2016 and possibly 2017**
 - **Any plan changes will require group move into an ACA plan**
- **This creates 3 fully insured risk pools in 2016 for the 1-100 Market:**
 - **1-100 Small Group Metallic ACA Plans rated under PPACA rules**
 - **1-50 Small Group Transitional Policy rated under Small Group Reform Rules**
 - **51-100 Large Group Transitional Policy rated under Large Group Underwriting Rules**

PPACA # 5

Currently, health plans allow discrimination by class until 2017 but eventually will be prohibited.

PPACA # 6

“Pay or Play” calculations for employee groups NOT currently providing coverage will be imperative. This is so the 2015/2016 employer fee requirement (when not providing coverage) can be compared to the cost of offering a low cost plan that meets the requirements of the law. In most cases it will be less costly to create a compliant plan to offer, rather than accept the penalty on all full time employees.

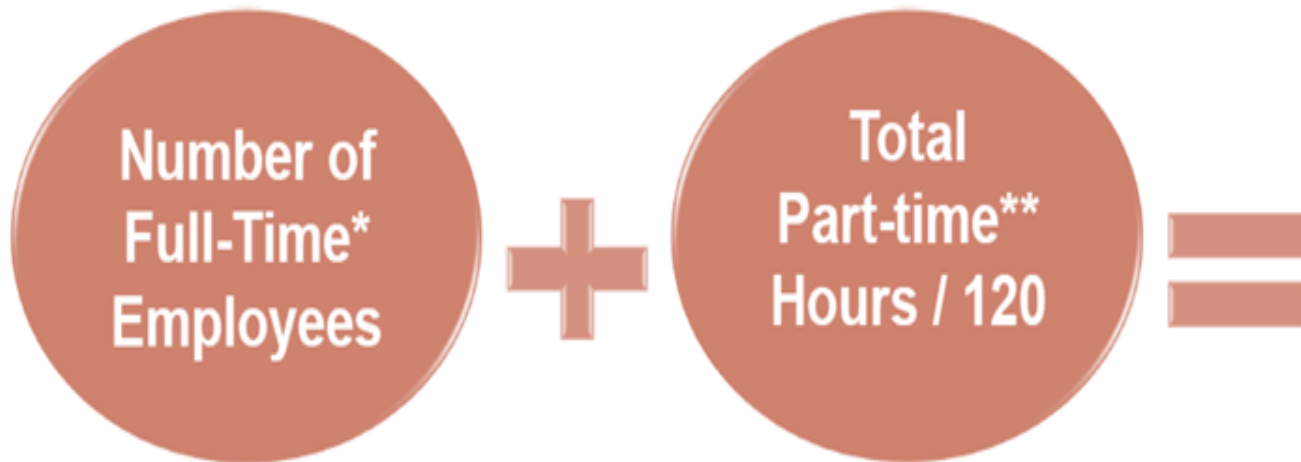
PPACA # 7

Paying the \$2,000 per employee fee may look like a lower cost option to employers with more than 50 employees. (i.e. large employer slide attached) However, the following additional impacts need to be considered:

- a) There still is NO health insurance for the employee - they will have to go buy it through the Exchange.
- b) All premiums paid through Exchange will be after tax dollars.
 - (nondeductible to employee)
- c) \$2,000 penalty fee is nondeductible to the company.
- d) Key management at higher incomes will not qualify for a subsidy and again, they must pay with after tax dollars.
- e) Fee will inevitably be increasing over time.
- f) Only those individuals with incomes at 250% or less of federal poverty level will receive a premium tax subsidy that is significant to help pay for coverage through the EXCHANGE.
- g) Must Consider the impact of what this action does to a company in continuing to recruit skilled workers.



What is an “Applicable Large Employer”?



Total Full-Time Equivalent Employees (FTEs)

- * Full-time employees are defined as those who work at least 30 hours per week
- ** Part-time exempts seasonal employees (employed fewer than 120 days)



Example

Meets
Requirements of
a Large
Employer



A Group has:

- 35 full-time employees that work 30+ hours
- 20 part-time employees who all work 24 hours per week (96 hours per month, per employee)



These part-time employees' hours would be treated as equivalent to 16 full-time employees:

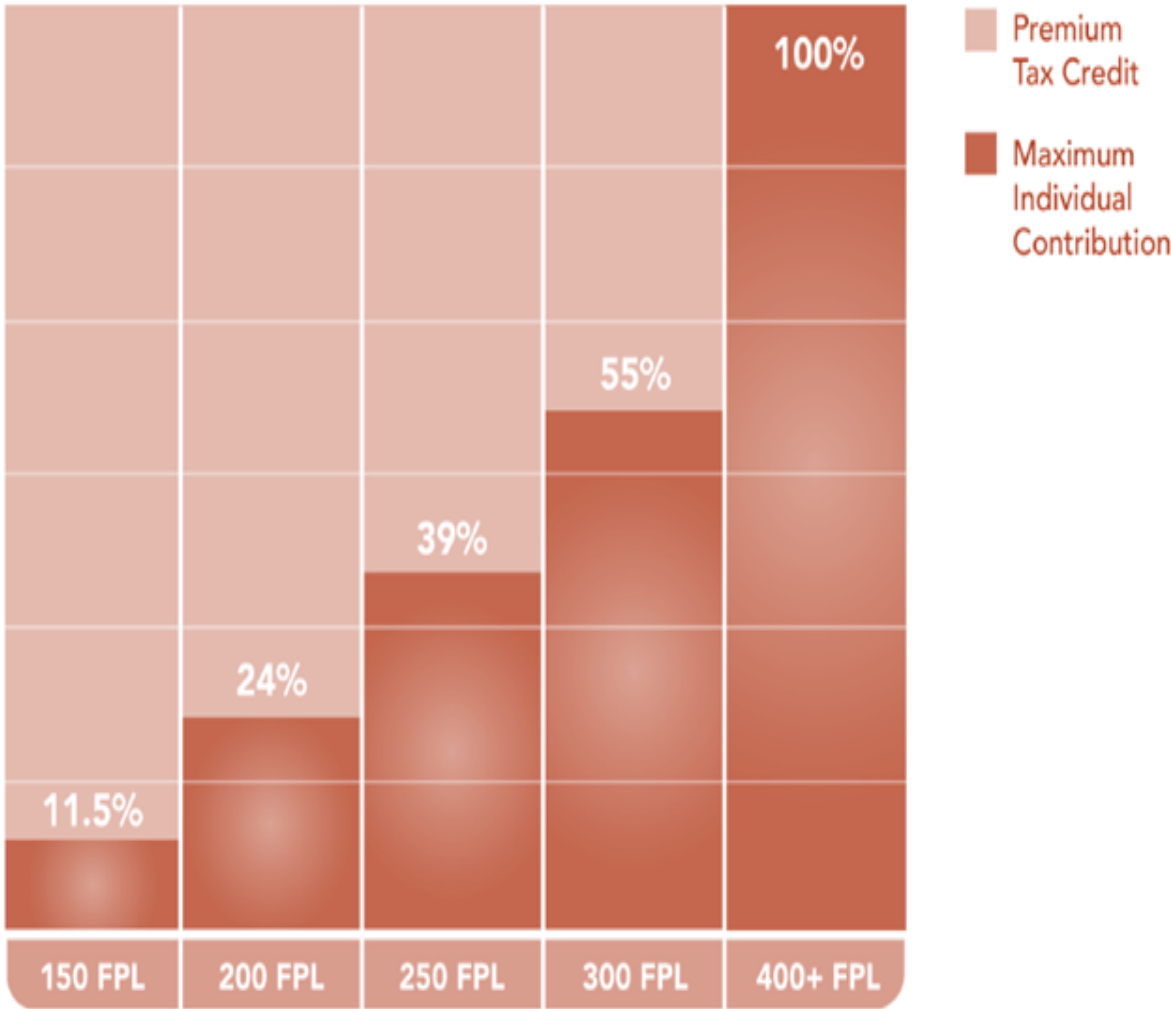
$$20 \text{ employees} \times 96 \text{ hours} / 120 = 1,920 / 120 = \mathbf{16 \text{ FTEs}}$$



$$35 \text{ Full-time} + 16 \text{ Full-time equivalents} = \mathbf{51 \text{ FTEs}}$$



Premium Amount and Tax Credit for Family of Four



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2013 Poverty Guidelines



# of persons in household	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$11,490	\$17,235	\$22,980	\$28,725	\$34,470	\$45,960
2	\$15,510	\$23,265	\$31,020	\$38,775	\$46,530	\$62,040
3	\$19,530	\$29,295	\$39,060	\$48,825	\$59,590	\$78,120
4	\$23,550	\$35,325	\$47,100	\$58,875	\$70,650	\$94,200

PPACA # 8

2015 – Groups over 100 Employees

2016 – Groups over 50 Employees

The plan must be “Affordable” in order to keep the company shielded from exposure to a separate \$3,000 penalty per employee if the employee goes to the exchange and gets a subsidy!

PPACA # 8 CONTINUED: DEFINITION OF “AFFORDABLE”

2015 – Groups over 100 Employees

2016 – Groups over 50 Employees

Plan can only require contributions by company for employee only coverage. Plan cannot cost employees more than an amount equal to 9.5% of lowest full time employee monthly wage for employee only coverage.

PPACA # 9

It will only be necessary for a company to offer coverage to employee and children (not spouse).

If company has low paid workers and makes no contribution to spouse coverage, it may be a strategy to stop offering coverage to spouses. This way, spouses could go to exchange and perhaps qualify for a subsidy.

(This only works for groups with 50 employees and over)

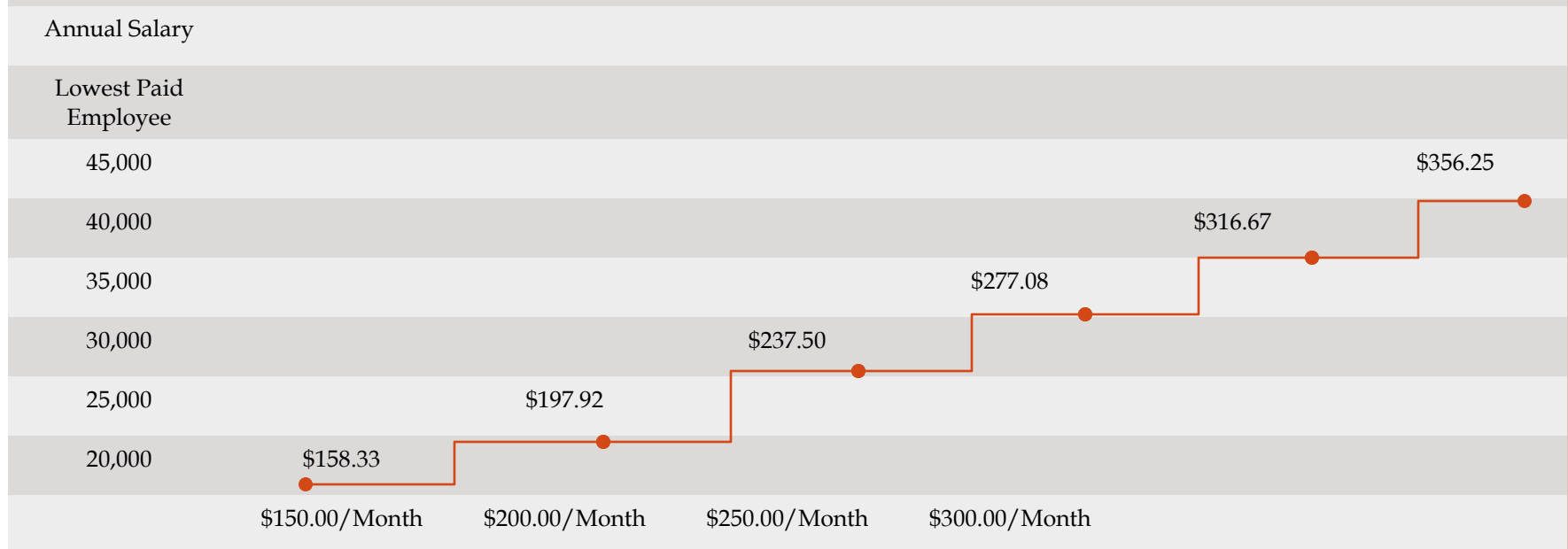
PPACA

AFFORDABILITY TEST CHART (FOR GROUPS OVER 50 EMPLOYEES)

- ❖ Assumes employer offers group health plan that meets minimum benefit (2K Deductible) + minimum value requirements) .
- ❖ (This alleviates exposure to 2K penalty as employers will not be eligible for Exchange Plans)
- ❖ In order to be considered “Affordable” plan cannot cost lowest paid full time worker more than 9.5% of annual salary (See reference chart below) (Penalty for non-affordability requires 3K per employer per year.

What is 9.5 % of Monthly Salary?

9.5% of Annual Income



PPACA # 10

If company provides a plan that meets essential benefits and affordability test, employees and any dependents offered coverage through employer group will not be eligible for subsidies through exchange.

THANK YOU

If you have any questions, please ask.

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