

Employer Mandate Delayed Until 2015 What We Know So Far...

- ***Employer shared responsibility penalties will not apply until 2015.*** Employers will not be penalized for failing to offer or provide health coverage to full-time employees in 2014 as originally scheduled. Under a newly announced one-year delay, employer penalties will first apply for 2015.
- ***The Treasury will also delay associated employer and insurer information reporting requirements for one year.*** Information reporting will be required for 2015, instead of for 2014, with the first reports now due in 2016. The Treasury plans to issue proposed regulations on the information reporting requirements this summer.
- ***Premium subsidies to help individuals buy public exchange policies*** will be available in 2014 as slated.

What This Means for Employers

What's delayed?

- **Employer mandate** to offer coverage to employees who work on average 30+ hours per week.
- **Minimum value** requirement for plan offering.
- **Affordable contribution** requirement.
- **Employer reporting** to IRS on full-time employees and health coverage status.

What This Means for Employers

What's not delayed?

- Enrollment in employer-sponsored plans could still increase with individual mandate requirement effective January 1, 2014.
- Public exchanges and expanded Medicaid (in some states) still slated for January 1, 2014 effective date.
- Summaries of Benefits and Coverage and exchange notices to employees this fall, including data on whether employer plan provides minimum value.
- Employers may still want to respond to coverage verification requests for employees attempting to enroll in public exchange coverage. Employees eligible for minimum value, affordable coverage will still be ineligible for exchange subsidies.
- ACA fees: PCORI, Temporary Reinsurance, and Health Insurer Fees.

What This Means for Employers

What's not delayed? (cont'd)

- Plan design requirements for all plans, including maximum 90-day waiting period, no limits on pre-existing conditions or essential health benefits, expansion of wellness incentives, dependent coverage to age 26.
- Plan design requirements for non-grandfathered plans, including preventive care coverage requirements, limits on out-of-pocket maximums, application of co-payments toward out-of-pocket maximums, coverage for clinical trial-related services, and provider nondiscrimination. Limits on annual deductibles apply to small group health plans only.
- Still to come: Auto enrollment and nondiscrimination requirements for insured (non-grandfathered) plans (timing unknown); excise tax in 2018.
- Waiver for limited medical plans still expected to expire at the end of the 2013 plan year.