Health Reform Update: History and Future

San Diego Association of Health Underwriters

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Important/Timely Health Reform Topics

Agenda

- Before we get started….
- What Does BeneCompLink Do?
- 2013 To Do List
- 2014 To Do List
- Common Questions
- Stories
- Fun

Before We Get Started....

Karli's Introduction – Compliance Updates

A. Copy of presentation – email me at karli.dunkelberger@benecomplink.com
B. Benecomplink.com
C. Free calculators for PPACA
D. Help me test our new phone application
E. https://benecomplink.com/

What Does BeneCompLink Do?

❑Nondiscrimination Testing

- Section 105(h)
- Section 129
- Section 79
- Comprehensive Section 125

❑Plan Document Packages

- SBCs
- POP
- Wrap
- Section 105
- Section 125

❑Benefits Consulting

We Sell Compliance Solutions to the Market

Thank you COUPON

- One nondiscrimination test,
- One plan document package, or
- 90-minutes of Benefits Consulting, including Health Reform

Section 105(h) Quiz

Which of the following are part of the list of Section 105(h) tests:

A. 70% Test

B. 80/70% Test

C. Ratio Test – 410(b)

D. Average Benefits Test

E. Safe Harbor

F. Average Benefits Percentage Test

G. Facts & Circumstances Test

H. Benefits Test

I. All of the above

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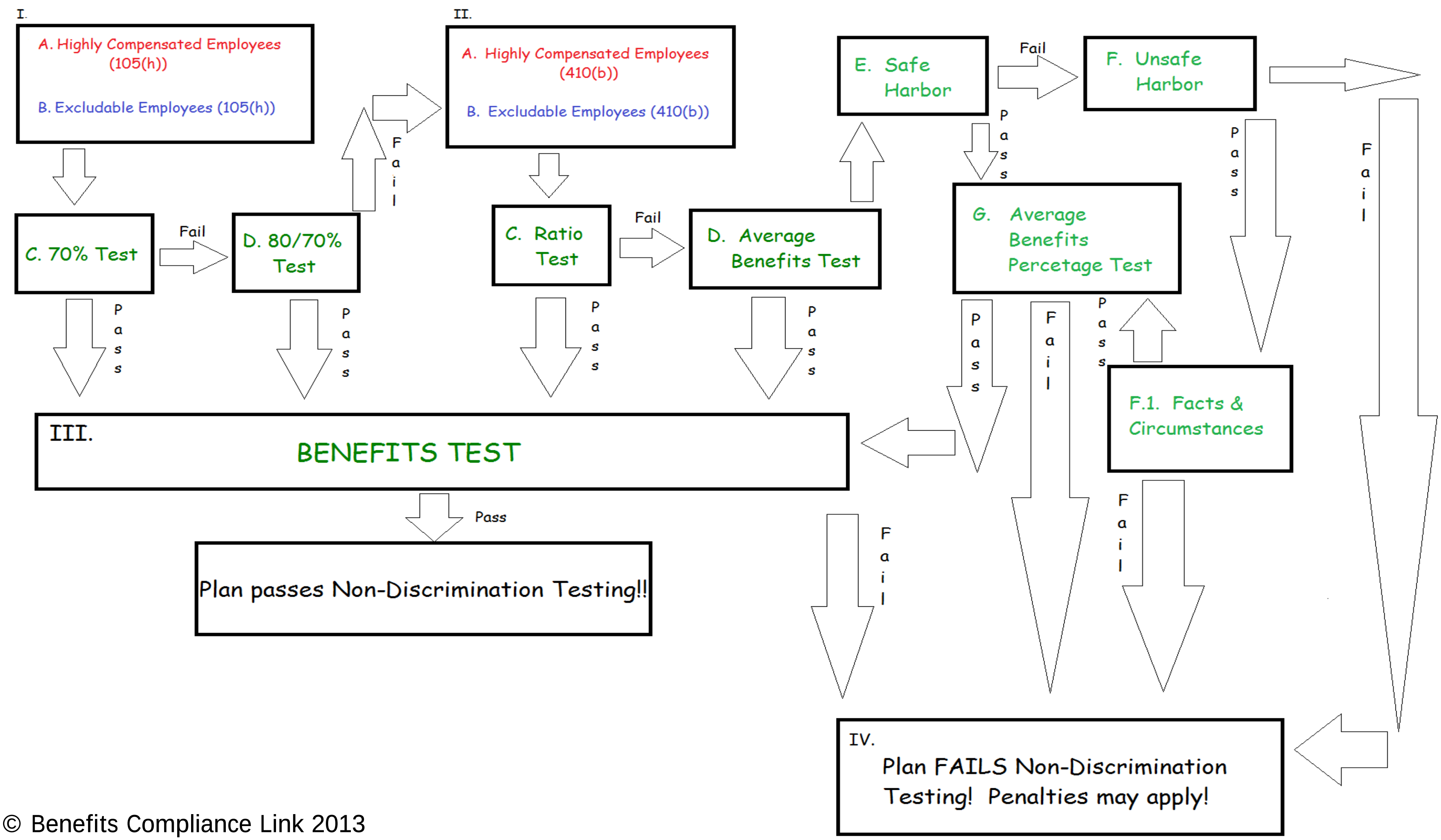
Nondiscrimination Testing



Section 105(h) Quiz

Why are Section 105(h) impacted plans different from fully-insured plans?

A. Not covered by a state-licensed insurer

B. Require nondiscrimination testing to show that Highly Compensated Employees do not receive a disproportionate benefit

C. Generally not subject to state insurance regulations

D. All of the above

Section 105(h) Quiz

Which of the following are subject to Section 105(h) Non-discrimination Testing?

A. Health Reimbursement Arrangement

B. Flexible Medical Expense Account in a Section 125 Cafeteria Plan

C. Self insured medical, dental, vision

D. Voluntary Employee Benefits Arrangement (VEBA)

E. All of the above

Nondiscrimination Testing, Cont.

- Eligibility Test and Benefits Test must both be passed
- ***Eligibility Test*** requires passing one of four sub tests
  - 70% Test
  - 80%/70% Test
  - Ratio Percentage Test
  - Average Benefits/Safe Harbor Test

Nondiscrimination Testing, Cont.

- **<u>Benefits Test</u>** requires Subjective Analysis of the Plan in Comparing:
  - Benefits Among Participants
  - Premiums Paid
  - Eligibility, Waiting Periods
  - Participant Contributions
  - Deductibles, Co-Pays, Co-insurance

Section 105(h) Quiz

Does an employer need to do Section 105(h) Nondiscrimination Testing for an FSA if this benefit includes no employer contributions?

A. Yes

B. No

Section 105(h) Quiz

How many days of the year must an employer meet the 105(h) nondiscrimination testing requirement?:

A. 50%

B. 70%

C. 80%

D. 100%

Common Questions #1

- **TPAs, Brokers, Employers, Plan Sponsors**

1. Which plans are subject to **Section 105(h)**?
2. How often does an employer need to update their **plan documents**?
3. What are ramifications on plan sponsor if **SBCs** not prepared and provided?
4. When do employers need to include **health premiums on W-2s?**
5. Questions on **"controlled groups"….**
6. Which employers are impacted by **"Premium vs Penalty"?**

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Common Questions #2

- **TPAs, Brokers, Employers, Plan Sponsors**

1. What is the Look Back Period to determine “who” must be offered benefits during the **Stability Period**?
2. What is an **Initial Measurement Period**?
3. What is the **Standard Measurement Period**?
4. What is the **Administrative Period**?
5. How **long** are each of these periods?
6. Whose responsibility is it to determine each period?
7. When is the employer allowed to overlook the first **30 full-time employees?**
8. **Who** must be offered benefits….and for **what period**?
9. Does Health Reform require Plan Sponsors to **offer dependent coverage?**

Common Questions #3

- **TPAs, Brokers, Employers, Plan Sponsors**

1. Which employers are impacted by **"Premium vs Penalty"?**
2. When does an employer need to pay the $2,000 or $3,000 penalty?
3. How does an employer figure out the 9.5% affordability?
4. Who is a **"seasonal employee"?**
5. How is that different than a **"variable employee"?**
6. Can an Employer have **different Lookback/stability periods** for full-time vs. seasonal/variable employees?
7. When an employee loses eligibility to be offered health insurance during the next Standard Measurement Period is that a **COBRA event**?
8. Could an Employer leave Employees on benefits once they initially qualify…even if they do NOT meet FT hours during next standard measurement?
9. What if an employee works part-time, but they also take a **short term "full-time" position** with same employer when they are not working their normal job?

Common Questions #4

❑ **TPAs, Brokers, Employers, Plan Sponsors**

1. **New** proposed regs for **teachers/education institutions**?
2. **"Transitional Relief" under employer mandate specific to "pay vs. play" for off calendar year anniversary** (Dec 27, 2012) 1-2-13 IRS proposed rules – 1st day of 2014 Plan Year without being assesses penalty
3. Would the employer have to **certify** that they offer affordable/MEC health insurance? (initial notice stage)
4. When would the IRS tell the Employer that an Employee is getting the **premium tax credit/subsidy**? (initial notice stage) Don't know timing or process of informing, collecting???
5. What about **PEOs** and Health Reform "Pay vs. Play"?

Common Mistakes & Hot Topics…

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❑ **TPAs, Brokers, Employers, Plan Sponsors**

1. Not doing annual **nondiscrimination testing**
2. Not updating **plan documents** on a timely basis
3. When a Plan Sponsor offers **fully-insured benefits** are they required to have **Plan Documents**?
4. Updating **FSA Plan documents with new $2,500 limit!**
5. What if no **SBCs** provided for FSA/HRA?
6. Explaining the meaning of **"minimum value"** and **"minimum essential coverage"** & **9.5% calculations**.
7. How will employers decide "who" to offer benefits to:
    1. "Look back period"
    2. "Stability period"
    3. "Initial measurement period"
    4. "Standard measurement period"

History of Group Health Plans

- Post WWI
  - Cheap Benefit
  - Industrialization
  - Union Organization

History - Quiz

When was the first attempt at Nationalization of health care?

A. Post WWII
B. 1972
C. 1994
D. HIPAA in 1996
E. PPACA in 2010
F. All of the above

History

- Attempts at Nationalization
  - Truman post WWII
  - Nixon in 1972
  - Clinton in 1994
  - HIPAA passage in 1996
  - Obama in 2010 with passage of PPACA

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History - Quiz

Which state(s) have the most mandates for health insurance?

A. Texas
B. Virginia
C. Minnesota
D. Rhode Island
E. California
F. B & D

History

- 1960s - State mandates evolving
  - Current Mandates
    - Rhode Island and Virginia - 70, Rank 1st
    - Minnesota – 65, 4th
    - Texas - 62, 6th.
    - California - 56, 11th
    - Idaho - 13, 50th
  - Medicare passes in 1965
    - Government covers disabled and age 65 & over
    - First government intervention into healthcare
- 1980's – Federal mandate
  - Employers forced to offer HMO options

2013 – Health Reform Impact

1) Know your Numbers – Do you have 50 FTEs? Or Not?
2) Know why "your Numbers" matter?
3) Employer W-2 reporting – 250 W-2s – Jan 2012 for 2011
4) New SBC – 9-23-12
5) 3.8% Tax – 1-1-2013
6) Employer Requirement to Inform Employees of Exchange – 3-1-13 (delayed to Fall 2013)
7) Plan Document Requirements
8) Nondiscrimination Testing – 2010/fully-insured – delayed
9) Nondiscrimination Testing – FSA, HRA, other self-funded plans, and Life Ins

Quiz
Employer W-2 Reporting

Which Employers Must Report Health Premium on W-2s? (so far)

A. 250 full-time employees?

B. 250 employees?

C. 250 W-2s?

Employer W-2 Reporting

Effective 2011

Employers Must Report The Value of health Insurance on W-2s

A. Which employers must report?
B. When are the employers required to report?
C. What are the employers required to report?
D. What costs are included?

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Consulting: Employer W-2 Reporting

- **Employers Must Report The Value of health Insurance on W-2s (box 12, code DD)**
  A. Which employers – *all employers that produced 250 or more W-2s in January 2012 for tax year 2011*
  B. When – *January 31, 2013*
  C. What – *Cost of health insurance/coverage*
  D. What – *Employer & employee cost*

Small Employer

Tax Credits

A. PPACA/Health Reform permitted Federal funding

B. PPACA's definition of a small business eligible for tax credits

C. When is the tax credit available to the small business

Small Employer Tax Credits

PPACA Definition of Small Employer – Eligible for Full Tax Credit

A. 10 or fewer full-time equivalent – tax credit is reduced by a percentage for every full-time employee over 10

B. Average annual wages less than $25,000 – tax credit is reduced by a percentage for every $1,000 over $25,000

C. Contribute to employee's qualified health care coverage a uniform percentage, no less than 50%, of premium cost

Small Employer Tax Credits

PPACA Definition of Small Employer – Eligible for Partial Tax Credit

A. 25 or fewer full-time equivalent

B. Average annual wages less than $50,000

C. Contribute to employee’s qualified health care coverage a uniform percentage, no less than 50%, of premium cost

INCENTIVE: Motivate employers to provide health insurance to low wage earners

Small Employer Tax Credits

When Does a Small Employer Receive the Tax Credit

A. Claim the "tax credit" as part of general business tax credit and use it to offset actual tax liability.

B. If no tax liability, may carry "tax credit" forward or back to offset tax liabilities for other years (may allow refund, if estimated taxes paid)

C. When claiming "tax credit" employer may also deduct insurance expenses on any tax returns minus the amount of the "tax credit"

D. "Tax credit" may be claimed for up to 20 years (2010 – 2013) – if insurance purchased through "EXCHANGE" (2014 forward)

Small Employer Tax Credits

Tax Credit = How Much? **(For Profit)**

A. 35% of employee's annual premiums the employer pays for the years before 2014* (2010 – 2013)
B. 50% 2014 and beyond*

NOT-FOR-PROFIT: *25% tax credit, computed same method, actual tax credit will be the lesser of that amount vs. the total amount of the employer's income tax and Medicare tax withholding plus the employer's share of the Medicare tax.*

**50% of average premium costs for surrounding area. "Tax Credit" is phased out as additional employees hired, starting with 11th ee. Also, "tax credit" decreases as average wage is $25,000+.*

Summary of Benefits and Coverage (SBC) - Quiz

Does the SBC replace the SPD (Summary Plan Description)?

A. Yes

B. No

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Plan Document Package

- ❑ Master Plan Document
- ❑ Summary Plan Description (SPD)
- ❑ Board Resolution
- ❑ Information Form

- ❑ **Fully-Insured**
  - ❑ **Ask your insurance carrier for these documents to have on file**

Summary of Benefits and Coverage (SBC) – Quiz

The SBC is only provided after an employee enrolls.

A. False

B. True

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Summary of Benefits and Coverage (SBC) 9-23-12

$1,000/failure

- ❑ Failure is defined as each person

- ❑ A shorter, new summary document
  - – Intended to help people easily compare one benefit plan to another
  - – A four-page, two-sided document with very specific layout and information format is provided by the Dept. of Labor
- ❑ Must be provided to each participant or beneficiary for each benefit package offered that the participant or beneficiary is eligible.
- ❑ All health plans, which includes HRAs, FSAs, etc.

The 3.8% Tax

- Effective 1-1-2013
- This 3.8% unearned income tax applies to the <u>lesser</u> of:
  - Net investment income, or
  - The excess of Modified Adjusted Gross Income (MAGI) over the threshold
    - $250,000 for married couples filing jointly
    - $200,000 for individual
    - $125,000 for married filing separately

The 3.8% Tax (cont.)

- Net Investment Income:
  - Interest, dividends, annuities, royalties, and rents, other than income that is derived in the ordinary course of trade or business, less allocable deductions
  - Also, the net gain from the disposition of property other than property held in a trade or business
  - And, income from a passive activity or a trade or business of trading financial instruments or commodities.

Case Study
The 3.8% Tax

- **Example:** John and Jane Doe earn wages resulting in $300,000 of MAGI but have **<u>no investment income</u>**. They file jointly. Does the 3.8% tax apply to them? If so, what amount is subject to the tax?
  - No. The tax applies to the lesser of net investment income or the excess of MAGI over the threshold. In this case their threshold is $250,000 so the excess is $50,000 but they have no investment income, therefore their investment income is $0. <u>The tax applies to the lesser of the two and $0 is less than $50,000.</u> Therefore no tax due from John and Jane Doe.

Case Study
The 3.8% Tax

- **Example #1**: John and Jane Doe earn wages resulting in $300,000 of AGI but have no investment income. They file jointly. Does the 3.8% tax apply to them? If so, what amount is subject to the tax?
  - $300,000 AGI
  - $0 investment income
  - $300,000 MAGI
  - $50,000 over threshold
  - Equals – no 3.8% tax

Case Study
The 3.8% Tax

- **Example #2**: John and Jane Doe earn wages resulting in $300,000 of AGI <u>and</u> have <u>$5,000 investment income</u>. They file jointly. Does the 3.8% tax apply to them? If so, what amount is subject to the tax?
  - $300,000 AGI
  - $5,000 investment income
  - $305,000 MAGI total income
  - $55,000 over threshold
  - Equals – 3.8% tax on $5,000

Case Study
The 3.8% Tax

- **Example #3**: John and Jane Doe earn wages resulting in $300,000 of AGI <u>and</u> have <u>$100,000 investment income</u>. They file jointly. Does the 3.8% tax apply to them? If so, what amount is subject to the tax?
  - $300,000 AGI
  - $100,000 investment income
  - $400,000 MAGI
  - $150,000 over threshold
  - Equals – 3.8% tax on $100,000

Case Study
The 3.8% Tax

- **Example #4:** John and Jane Doe earn wages resulting in $300,000 of MAGI including <u>$100,000 investment income</u>. They file jointly. Does the 3.8% tax apply to them? If so, what amount is subject to the tax?
  - $300,000 MAGI
  - $100,000 investment income
  - $300,000 total income (MAGI)
  - $50,000 over threshold
  - Equals – 3.8% tax on $50,000

Case Study
The 3.8% Tax

- **Example #5:** John and Jane Doe earn wages resulting in $200,000 of MAGI including <u>$100,000 investment income</u>. They file jointly. Does the 3.8% tax apply to them? If so, what amount is subject to the tax?
  - $200,000 MAGI
  - $100,000 investment income
  - $200,000 total income
  - $0 over threshold
  - Equals – 3.8% tax on $0

2014 – Health Reform Impact

- Update Plan Documents
- Nondiscrimination Testing – 2010/fully-insured – delayed
- Nondiscrimination Testing – FSA, HRA, other self-funded plans, and Life Ins
- Controlled Groups
- Small Employer Tax Credit
- Large Employer Tax Penalties (Pay vs. Play) 50+FTEs
- Measurement Periods & Stability Period

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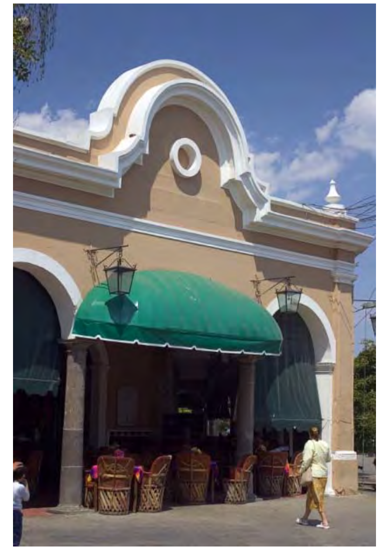
Controlled Groups

- ❑ Common ownership



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Stabilization Period

- “Pay or Play” Articles on BeneCompLink website
- Engage professionals to help you make the best decision
  - Your Insurance Broker
  - Your CPA
  - Your Compliance Partner

"Play v. Pay" Quiz

- "Pay v. Play" applies to "Large Employers".
- How does Health Reform (PPACA) define a "Large Employer":
  A. 50 or more full-time employees
  B. 50 or more full-time equivalent employees
  C. 30 or more employees
  D. 50 or more full-time employees

"Play v. Pay" Calculator

At www.benecomplink.com

- At least 50 full-time equivalent workers during the preceding calendar year. Including full-time (30+ hours a week) and part-time workers (prorated).
- Prorating: Total number of hours worked in a month by part-time employees divided by 120 (rounded down to the nearest employee).
- 20 part-time employees who all work 12 hours per week (48 hours per month), would be equivalent to 8 full-time employees (see calculation below).
- (20 employees X 48 hours) ÷ 120 = 960 ÷ 120 = 8

"Play v. Pay" Premium v. Penalty

- Penalty consists of
  - Monthly penalty for employers who do **not** provide insurance is:
    - (1/12) x $2000 x (number of full-time employees – 30)
  - Monthly penalty for employers who provide coverage but it is not considered minimal essential coverage, minimum value and 9.5% affordability is the lesser of:
    - (1/12) x $3,000 x each full-time employee who receives a premium credit, or
    - (1/12) x $2,000 x (number of full-time employees – 30)

Penalty v. Premium

- Comparing Penalty v. Premium
- Should Employer Terminate Group Plan?
  - Penalty will likely be less than premium, saving employer dollars
  - No benefit to employees, costing morale and competitive advantage for good employees
  - Tradition and system of providing coverage through employer are considered

Sample -- Large Group

Employer does NOT offer any health insurance

- 75 FTEs
- 40 FTs (30+ hours/week)
- 1 person goes to the EXCHANGE & receives premium credit/subsidy
- IRS can impose penalty of $2,000 x 10 FTs (30 FTs forgiven)
- Total potential penalty = $20,000

DISCLAIMER: Today's discussion does not represent legal or tax advice.

Sample #2 -- Large Group

Employer does offer health insurance

Health Insurance does NOT meet Minimum Essential Coverage requirements, Minimum Value (60%) and/or 9.5% affordability requirement

- 75 FTEs
- 40 FTs
- <u>1 person </u>goes to the EXCHANGE & receives premium credit/subsidy
- IRS can impose penalty of $3,000 x <u>1 person</u>
- Total potential penalty = $3,000
- <u>Cap</u> on Penalty is NOT to exceed the penalty if employer did NOT offer health insurance = $20,000 (see previous slide)

Sample #3 -- Large Group

Employer does offer health insurance

Health Insurance DOES meet Minimum Essential Coverage requirements, Minimum Value (60%) and 9.5% affordability requirement

- 75 FTEs
- 40 FTs
- 1 person goes to the EXCHANGE & applies for premium credit/subsidy (they would NOT get subsidy)
- IRS would NOT impose penalty x 1 person
- No Penalty because Employer offered health insurance that meets 9.5% affordability, Min Value and MEC requirements

DISCLAIMER: Today's discussion does not represent legal or tax advice.

What if.....

- **Employee works 40 hours/week at $15/hour**
  - $2,400/month
  - **<u>$228/month</u>** (is 9.5% of income)
  - $28,800/annual income
  - **<u>$2736/annual</u>** (is 9.5% of income) (W-2)
- **Employer Health Insurance Premium (MEC, Min Value & AFFORDABLE)**
  - $400/month premium
  - Employer pays 60% = $240/month
  - Employee contribution is 40% = **<u>$160/month</u>**
  - Employee contribution annual = **<u>$1,920 (W-2)</u>**

RESULT: Employee Contribution is less than 9.5% of Employee Income (Safe Harbor - 9.5% of Fed Poverty)

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What if .....

- Employee declines Employer coverage and goes to the exchange and apply for "Premium Credit/Subsidy"….
- Employee works 40 hours/week at $15/hour
  - $2,400/month
  - $228/month (is 9.5% of income)
  - $28,800/annual income
  - **<u>$2736/annual</u>** (is 9.5% of income) (W-2)
- Health Insurance Premium (MEC, Min Value & AFFORDABLE)
  - $400/month
  - Employer pays 60% = $240/month
  - Employee contribution is 40% = $160/month
  - Employee contribution annual = **<u>$1,920 (W-2)</u>**
- ***ANSWER: IRS would NOT penalize Employer…***

9.5% Affordability

1) How often must employer monitor 9.5%?
2) What if employer has multiple plan options?
3) Must employer contribution on all plan options allow for an employee contribution of 9.5% or less?

Employer action steps to monitor affordability

1) Employer contribution
2) Employee contribution (monthly/annual) $160/mo
3) Employee salary (monthly/annual)
4) Result – must be less than 9.5% of income - $228/mo

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Employee Definitions

- Seasonal Employees
- Variable Employees
- Full-time Employees
- Part-time Employees
- Teachers
- Employees rehired after termination
- Temporary staffing agencies
- Leased employees (PEOs)

Employee Definitions

- **Seasonal Employees** – less than 120 days/year*
- **Variable Employees** – don't know work hours or may flex based on business need
- **Full-time Employees** – 30+/week**
- **Part-time Employees** – less than 30/week

Disclaimer: Proposed rules, waiting for final determination. These are the rules for plan sponsors to rely on for 2014

**Our opinion based on other regulations*

***Every hour an employee entitled to payment – jury duty, PTO, etc.*

***Monthly equivalent is 130+ hours/month*

New Measurement Periods

Safe Harbor/Lookback periods (choices)

Designed to help Employers plan for the year

Great option for ERs with fluctuating EE hours

- Initial Measurement Period
- Standard Measurement Period
- Administrative Measurement Period (helpful for BIG plans)
- Stability Period

Option: each month the employer can offer health insurance to all full-time

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Measurement Periods How Long?

- **Initial Measurement Period** – 3-12 months
  - New Variable
- **Standard Measurement Period** – 3-12 months
  - Ongoing Full-time
  - New Full-time
- **Administrative Measurement Period** – up to 90 days
  - Short period overlapping with Initial/Standard Measurement period, but not to shorten Stability period
- **Stability Period** – 6-12 months
  - no shorter than initial/standard measurement period

Measurement Periods Purpose: Who is offered coverage

Determine "WHO" is <u>offered</u> health insurance during next "stability period" -

- Initial Measurement Period
  - New variable employees
- Standard Measurement Period
  - Existing/ongoing full-time employees & new employees expected to work full-time
- Administrative Measurement Period
  - Alternative short time to measure - up to 90 days
- Stability Period
  - Offer health insurance

What if.....

- **Employee works 30+ hours/week during the Standard Measurement Period or the Administrative Period**
  - **Standard Measurement = July 1, 2013 – Dec 31, 2013**
  - **Administrative Measurement = Nov 16, 2013 – Dec 31, 2013**
- **Then, Employer offers coverage for the Stability Period**
  - **Stability Period = 1-1-2014 to 12-31-2014**
- **And, the Employee only/always works less than 30 hours during 2014**
- **Any impact?**

A. Employee not be offered health insurance in 2014

B. Employee would be offered health insurance in 2014

C. Employer would not be required to offer health insurance in 2015

D. Both B and C are correct (CORRECT ANSWER)

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"Play v. Pay"

The Numbers

- 50 FTEs
- 30 hours/week = full time
- Penalties apply after 30 FTEs

Who do you want to offer benefits to and Why….

The Solutions

- Offer benefits
- Manage hours

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Nondiscrimination Testing - Quiz

When did the requirement for Self-Insured Plans Under Section 105(h) of the Internal Revenue Code originate?

A. 1974

B. 1978

C. 1996

D. 2004

E. 2010

Nondiscrimination Testing

- Originated with Self-Insured Plans Under Section 105(h) of the Internal Revenue Code in 1978
- Section 105(h) requires annual testing to compare benefits received by <u>Highly Compensated Individuals v. Non-Highly Compensated Individuals</u>
- Applies to Plans of all sizes (i.e., no 50 employee minimum)

Nondiscrimination Testing – The Plans

- The following plans are subject to section 105(h) testing:
  - Health Flexible Spending Arrangements (FSA's)
  - Self-insured major medical, dental and vision
  - Health Reimbursement Arrangements (HRA's)
  - Applicable benefits provided by Voluntary Employee Benefit Associations (VEBA's)
  - Retirement Medical Savings Accounts (RMSA's)
  - ***Fully-insured medical and dental****

**Testing for fully insured plans is not being enforced yet. The IRS should be issuing more guidance on the matter in the near future.*

Why Be Concerned About Section 105(h) Non-discrimination Testing?

PPACA - passed in March of 2010

- Prior to the PPACA §105 only applied to ***self-insured*** plans
  1. This testing prohibits employers from offering health benefits that discriminate in favor of Highly Compensated Employees
  2. ***Highly Compensated Employees (HCEs)*** must include benefits of the plan in their taxable income, if the plan is discriminatory.
  3. No statutory penalty to the Employer under § 105(h), but leaves possibility for audit and plan disqualification, which would remove Employer benefit, too
- ***IRS is more intent on monitoring and auditing health plans***
- PPACA - §105 nondiscrimination testing applies to ***fully-insured*** plans – statute states "similar" to self-funded

Penalties
Nondiscrimination Testing

- **Self-insured Plans:**
  - FSA, HRA included
  - Penalty falls on HCE, must report excess benefits in their taxable income
- **Fully-insured Plans:**
  - Penalty falls on employer - excise tax of $100/day/individual discriminated against per day the plan does not comply with §105(h)
  - $100/day/individual civil penalties
  - Cap (on excise tax penalty) of lesser of $500,000 or 10% of previous year's health care costs

Broker/Employer Action Steps

1) Employer should remember "why" they offer benefits now and "why" they would continue to offer benefits over the years
2) Large Employers should "do the math" on their FTE status now
3) Small Employers should "do the math" on their potential to get a small business tax credit & talk to CPA
4) Employers should make decisions on measurement & stability periods soon (now)
5) Employer should take the time to find/create an education tool to communicate the VALUE of their benefit (take the worry away re: Ind Mandate Tax)

We Sell Compliance Solutions to the Market

Thank you COUPON

- One nondiscrimination test,
- One plan document package, or
- 90-minutes of Benefits Consulting, including Health Reform

It Would Be a Privilege to be your Compliance Resource

Questions?
Next Steps?