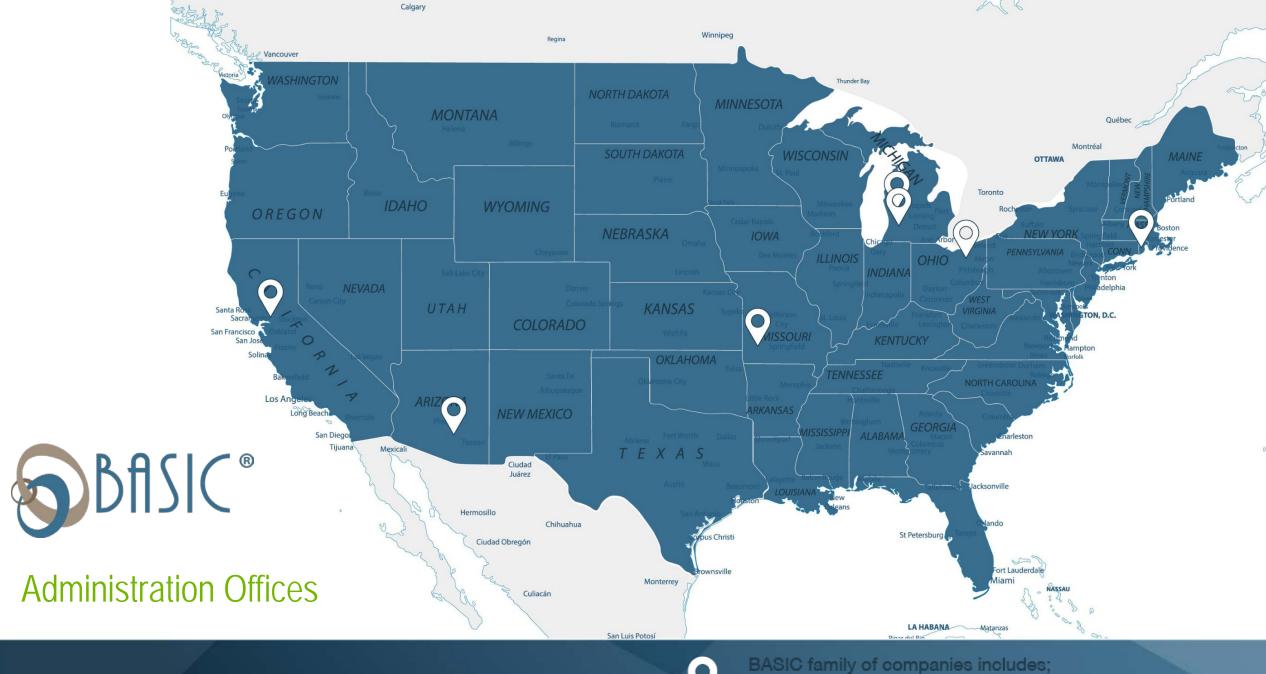


Final Rules on HRAs and Individual Market Coverage





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Presenter



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> HRA History

- Health Reimbursement Arrangements
 - Pre-2013 World
 - 2013 and Beyond
 - Proposed Rules
 - Final Rules

> HRA History

- Last outstanding item from the 10/17 Executive Order
 - AHPs
 - STLDI
 - HRAs

Overview of Final Regulations

- Two new types of HRAs:
 - Integrated with individual market insurance or Medicare ("ICHRA")
 - Excepted benefit ("EBHRA")
- Guidance regarding interaction with:
 - ACA PTCs
 - Employer mandate
 - SEPs
- Clarification on ERISA application & safe harbor



New Integration Rules

- The ICHRA must meet 5 requirements:
 - 1. Enrollment
 - 2. Class
 - 3. Opt-Out
 - 4. Substantiation
 - 5. Notice

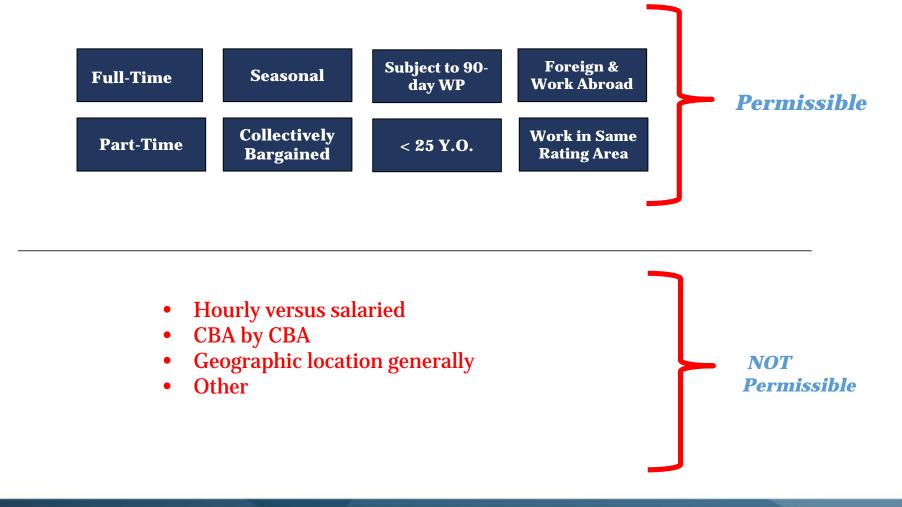
New Integration Rules

 UNIVERSAL PROHIBITON – <u>CANNOT</u> offer any individual a choice between an ICHRA or employer-sponsored group health plan coverage!

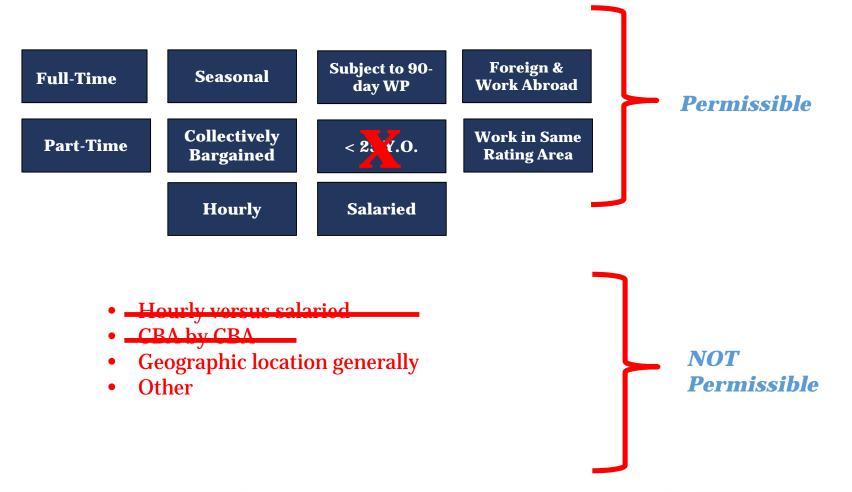
Integration Rules: #1 Enrollment

- Participant and dependents must be enrolled in individual health insurance coverage or Medicare
- Must substantiate:
 - Enrollment
 - Each reimbursement request
- Employer can't offer an ICHRA to same employees it offers another group health plan

Under the proposed regulations employers could divide employees only into specific classes:

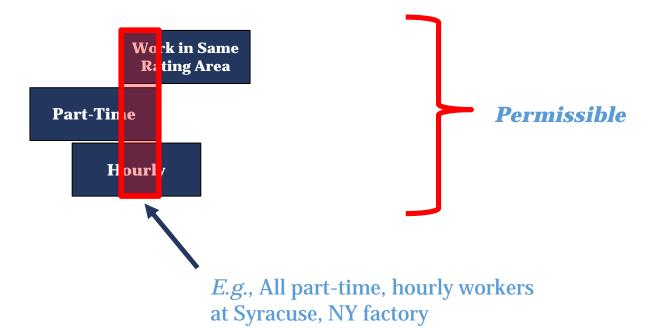


 Under the final regulations employers can divide employees only into specific classes:



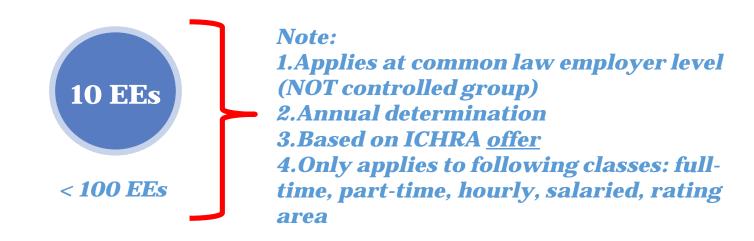
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- These specific classes can be combined together

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- These specific classes can be combined together
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- Employers can divide employees only into specific classes
- These specific classes can be combined together
- Special minimum class size rule *may* apply







- Must offer the ICHRA on the same terms and conditions to all employees within the same class
- Exceptions for:
 - Age
 - Family size
 - Former employees
- No "benign discrimination"

Integration Rules: Opt-out

- ICHRA coverage can make someone ineligible for a premium tax credit
- Employers must allow participants to opt-out of and waive future reimbursements at least annually
- On termination of employment, either:
 - Forfeit OR –
 - opt-out

Integration Rules: Substantiation

- ICHRA must have "reasonable" procedures to verify enrollment in individual health insurance or Medicare
- Must get new verification prior to <u>any</u> expense being reimbursed
- ICHRA may rely on the attestation unless there is <u>actual</u> knowledge

Integration Rules: Notice

- ICHRA must provide written annual notice to participants:
 - At least 90 days before the beginning of each plan year; and
 - No later than the date on which the participant is first eligible to participate
- Annual notice must include numerous pieces of information, including:
 - Statement regarding implications for PTC eligibility
 - Requirement to enroll in individual market coverage
 - Amounts newly made available under the ICHRA
 - Specific contact information
 - Statement regarding availability for SEPs
- Model notice provided: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/HRA-Model-Notice-PDF.pdf

 Employer Acme has 150 employees with 7 in Illinois and 6 in New York. Employer Acme offers all employees in Illinois a traditional group health plan while offering all employees in New York an ICHRA. Neither group of employees is offered a choice between a traditional group health plan or an ICHRA

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- Allowed under final rule because the same terms requirement is met, and the class is a permissible class based on the rating area rule. The minimum class size rule does not apply because the geographic area is at least the size of a state

 Employer Beta has 7 part-time employees and 50 full-time employees. Employer Beta offers all part-time employees an ICHRA worth \$500 and all full-time employees an ICHRA worth \$1000, but does not offer a traditional group health plan

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- Allowed under final rule. The same terms and conditions requirement is met because part-time and full-time employees are permissible classes. The minimum class size rule does not apply because Employer Beta does not offer a traditional group health plan to any employees



> Excepted Benefit HRA ("EBHRA")

- Creates new HRA that is an excepted benefit
- 5 requirements:
 - 1. Must offer other major medical coverage
 - 2. \$1,800 annual limit (indexed annually)
 - 3. Subject to plan-imposed limits, <u>can</u> reimburse (a) all OOP medical expenses, and (b) premiums or self-funded plan contributions, but only for COBRA, excepted benefit <u>health</u> coverage, and STLDI
 - 4. Must make available to all similarly situated employees (using HIPAA standard)
 - 5. Cannot offer both an ICHRA and an EBHRA to same person

 Employer offers full-time employees the <u>choice</u> between an EBHRA, an ICHRA, or traditional group health coverage

- Employer offers full-time employees the <u>choice</u> between an EBHRA, an ICHRA, or traditional group coverage
- Not allowed!



• Employer offers full-time employees major medical coverage and an EBHRA that can reimburse STLDI premiums, and parttime employees no medical benefits at all

- Employer offers full-time employees major medical coverage and an EBHRA that can reimburse STLDI premiums, and parttime employees no medical benefits at all
- Allowed!

> ERISA Treatment

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- Final rule provides <u>safe harbor</u>; if criteria is satisfied, then integrated individual coverage is <u>not</u> subject to ERISA:
 - 1. Voluntary participation
 - 2. No employer (s)election or endorsement
 - 3. Limits on reimbursement
 - 4. No consideration received by employer
 - 5. Annual notification

> ERISA Treatment

 Cafeteria plan is also <u>NOT</u> subject to ERISA where offered as "side car" arrangement for purposes of allowing participants to pre-tax employee share of individual insurance coverage

> Implications for Employer Mandate Compliance

Employer Mandate

- Final Regulations do not provide specific rules regarding how ICHRAs can be used as "play" strategy under employer "pay or play" rule of IRC section 4980H
 - Note: Employers cannot use an EBHRAs in a 4980H compliance strategy because EBHRAs are type of excepted benefit
- Follow-up final regulations with safe harbor(s)

Implications for HSA Eligibility

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ICHRA

- Can render an individual <u>ineligible</u> to make contributions to an HSA if the ICHRA reimburses IRC section 213 medical expenses (but see below)
- Will not affect HSA eligibility, if the ICHRA is designed and administered to:
 - Reimburse only individual market premiums
 - Constitute a post-deductible ICHRA
 - Constitute a limited-purpose ICHRA (although, generally no need to utilize the ICHRA in this manner)

Implications for HSA Eligibility

EBHRA

- Can render an individual <u>ineligible</u> to make contributions because not otherwise permissible insurance/disregarded coverage for purposes of HSA rules (but see below)
- Will not affect HSA eligibility, if the EBHRA is designed and administered to:
 - Constitute a post-deductible EBHRA
 - Constitute a limited-purpose EBHRA (although, generally no need to utilize the ICHRA in this manner unless seeking to reimburse preventive care)

> Implications for PTCs

> Implications for PTCs

- Not eligible for a Premium Tax Credit ("PTC") if:
 - enrolled in an ICHRA; or
 - the ICHRA is affordable and provides minimum value
- What is an affordable ICHRA?
- What ICHRAs provide minimum value?

New Special Enrollment Periods

New Special Enrollment Periods

- Creates two new special enrollment periods for individual coverage:
 - Where employer begins offering the ICHRA or QSEHRA mid-year
 - Where employee becomes eligible for the ICHRA or QSEHRA mid-year

Applicability Date

Applicability Date

1/1/20*

QUESTIONS





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