

Open Enrollment 2015



2015 Open Enrollment checklist for employers

Non-grandfathered plans must comply with these benefit requirements for 2015 plan years.

1 <input type="checkbox"/>	Cost sharing	<ul style="list-style-type: none"> In-network out-of-pocket (OOP) maximums cannot exceed \$6,600 individual and \$13,200 family. All in-network copays, deductibles and coinsurance for essential health benefits (EHBs) provided through the same carrier/vendor (e.g., medical, mental health/substance abuse [MHSA], prescription drug, non-accepted dental and vision) must accumulate to a single OOP maximum.
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If your plan will lose grandfathered status in 2015, you must add these benefits, if you do not already offer them.

2 <input type="checkbox"/>	Preventive care	Preventive care, including the additional women's preventive care services that took effect in 2012, must be covered at 100%.
3 <input type="checkbox"/>	Doctor choice	Individuals can choose any doctor as their primary care physician and see an OB-GYN without a referral.
4 <input type="checkbox"/>	Emergency care	Emergency care must be covered at the in-network level, even if received from an out-of-network provider.

Additional health care reform topics to include in your enrollment

5 <input type="checkbox"/>	Wellness programs and rewards	The maximum wellness program reward is 30% of the total cost of medical coverage, including both employer and employee contributions. The maximum reward may be increased to 50% for programs related to tobacco use. Rewards can be provided through premium discounts or surcharges, reduced costs or enhanced benefits. If an individual does not qualify for a health-contingent reward, a reasonable alternative standard or waiver must be available.
6 <input type="checkbox"/>	Health Insurance Marketplace notice	Employers must provide a notice about the Health Insurance Marketplace to all new employees. The notice must be provided regardless of company size, whether the employer offers health coverage or whether the employee will be eligible for health coverage from the employer.

7 <input type="checkbox"/>	<u>Summary of Benefits and Coverage (SBC)</u>	This standardized benefit summary must be provided with enrollment materials when an individual enrolls for the first time, for each new plan year and upon request. The 2014 SBC template is the most current version available.
8 <input type="checkbox"/>	<u>Individual mandate</u>	Effective January 1, 2014, all individuals (with a few exceptions) are required to have “minimum essential coverage” or pay a penalty. Employer coverage, a government plan such as Medicare or Medicaid, or individual health insurance meets this requirement.
9 <input type="checkbox"/>	<u>Employer mandate</u>	<p>Employers must offer health coverage to full-time employees and their children up to age 26, or face penalties. This applies to employers with 100 or more full-time employees in 2015 and expands to include employers with 50 or more full-time employees in 2016.</p> <p>The coverage must be “affordable” and provide “minimum value.”</p> <ul style="list-style-type: none"> • “Affordable” means that the employee-only contribution for the lowest-cost plan is no more than 9.5% of an employee’s W-2 wages. • “Minimum value” means that the plan pays for at least 60% of covered health services.
10 <input type="checkbox"/>	<u>Employer mandate and individual mandate reporting</u>	<p>In early 2016, employers must report information to the IRS and to employees about how the health coverage they provided in 2015 met the employer mandate requirement.</p> <p>Information about how coverage met the individual mandate must also be reported to the IRS and individuals in early 2016. Insurers are responsible for this reporting for insured plans. Employers are responsible for reporting for self-funded plans.</p>

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