

Benefit Comply Resources

- Back-office compliance support to help brokers, TPAs and employers ${\bf navigate\ ACA, HIPAA, COBRA,}$ ERISA, §125, and more
 • Compliance helpline

 - Compliance alerts, tools and guides
 - Compliance assessments and training
 HIPAA solutions



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2

Agenda

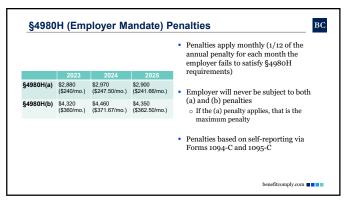
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- Employer Mandate (§4980H)
- Benefit Nondiscrimination Rules
- Benefits for Owners & Independent Contractors
- Benefits for Domestic Partners

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Applicable Large Employers (ALEs) вс 50 or more full-time equivalents (FTEs) in previous calendar year ALE Status • Add the numbers from Steps 1 and 2 for each calendar month and round to the nearest hundredth Step 4 • Add up the totals for each calendar month from Step 3 and divide the number by 12 Step 2 Step 1 Step 2 - Calculate the number of employees with 120 or more hours of service for each calendar month aggregate hours of service for all other employees (those with \$120 hours) and divide the total by 120 hours). Tips for Determining ALE Status ✓ Count all employees (including seasonal and union employees) \checkmark For each month, count all hours of service for any employee employed for at least one day during the month (hours paid or payable with U.S.-source income) $\checkmark\,$ Aggregate FTEs for entities in the same controlled group or affiliated service group benefitcomply.com

Full-Time Employee Status

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- · Definition of Full-Time
- $\circ~30~\mathrm{or}$ more hours of service per week (130 or more per month)
- \circ "Hours of service" generally include all hours paid or payable with U.S.-source income \circ Break in service rules treat those returning within <13 weeks as continuing employees (26
- weeks for educational organizations)
- · Choosing a Measurement Method
 - $\circ~$ Employers have the option to determine full-time status 2 ways:
 - Monthly Measurement Method employees with 130 or more hours of service for the month are full-time
 - Look-Back Measurement Method employees who average full-time over a 3–12 month measurement period are full-time for a stability period of equal length

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8

7

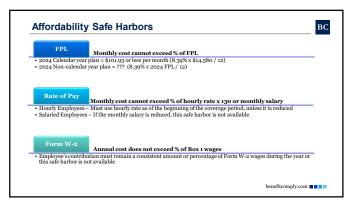
§4980H (Employer Mandate) Requirements

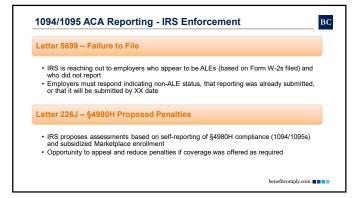


- Minimum Essential Coverage (MEC)
- o Most employer-sponsored group health plans considered MEC
- Minimum Value
 - o Minimum value = actuarial value of 60% or better (higher standard than MEC)
 - $\circ~$ SBC must specify whether plan provides minimum value
- Affordability
 - $\circ~$ Coverage is "affordable" if employee contribution for single minimum value coverage doesn't exceed $__$ % of employee's household income (or an affordability safe harbor)

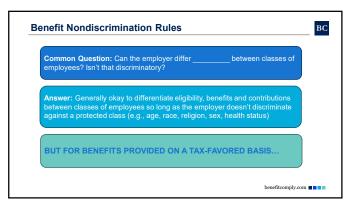


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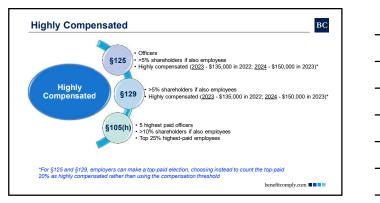






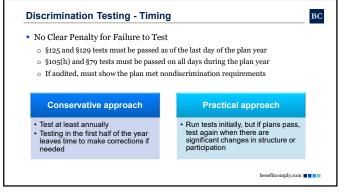


Benefit Nondiscrimination Rules To offer benefits on a tax-favored basis. IRS requires plans follow benefit nondiscrimination rules Benefit nondiscrimination rules restrict the ability to favor highly compensated individuals or key employees on tax-favored basis Eligibility rules, waiting periods, benefits, employer contributions Failure risks the highly compensated and key employees being taxed on benefits received under the discriminatory plan Benefit Nondiscrimination Rules Stog(b) Self Brankel Group Health Plans Self Brankel Group Health Plans Stog(b) Self Brankel Group Health Plans Self Brankel Group Health Plans



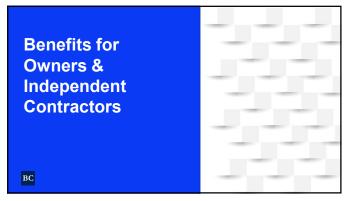
**Rey Employees * §125 and §79 Officers with annual compensation in excess of 2023 - \$200,000 in 2022 2024 - \$215,000 in 2023 >5% owners if also employees >1% owners with annual compensation in excess of \$150,000

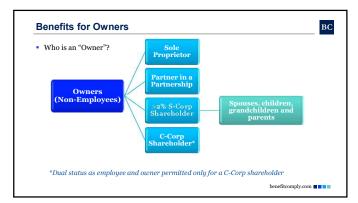
16



17

Consequences If plan adjustments are not before the end of the plan year, IRS could require retroactive taxation of benefits received by highly compensated and key employees (including employer payroll taxes) Possible Corrections Exclude HCIs or keys from participating, or from participating on a tax-favored basis (i.e., employee contributions after-tax, impute income for employer's contribution) Limit amounts elected by HCIs or keys on a tax-favored basis Adjust eligibility rules to include additional non-HCIs





20

Plan Eligibility May be necessary to specifically include owners and/or independent contractors Make sure to get carrier (or stop-loss vendor) approval Keep in mind that offering benefits to independent contractors is a factor that will be considered in determining status as independent contractor versus employee Employer Mandate & Employer Reporting Do not count toward applicable large employer status No requirement to offer coverage No reporting required unless enrolled in a self-funded medical plan Nondiscrimination Rules Do not apply since owners cannot participate on the same tax-favored basis

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Taxation Cannot participate on the same tax-favored basis as employees to the extent of W-2 income Owners and independent contractors may contribute to an HSA if otherwise eligible Owners and independent contractors disregarded for discrimination testing purposes Because Independent contractors disregarded for discrimination testing purposes

22

Offering benefits to non-employees generally creates a multiple employer welfare arrangement (MEWA) Informal DOL guidance suggests working partners can participate in employer's benefits without forming a MEWA. This exception might extend to other owners as well Not aware of any exception for independent contractors Fully-Insured vs. Self-Funded MEWA is not a problem if plan is fully-insured and carrier agrees to it Self-funded MEWA is subject to state law, making it very difficult Form 5500 & Form M-1 Filing Required for MEWAs unless independent contractors make up more than 1% of the participants on the plan

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23



Do employers have to offer coverage to domestic partners? Coverage NOT required by federal law Some states require coverage be offered to registered domestic partners Required for fully-insured plans Self-funded plans generally qualify for ERISA pre-emption While employers may not be required to offer coverage to domestic partners, more are choosing to do so to keep up with current trends, avoid discrimination claims, and to remain competitive

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25



26

Common Eligibility Requirements Age requirement (e.g., 18+) Currently living and have lived at the same address for XX months/years Joint checking or shared ownership or expenses Not in another marriage or domestic partnership Formal registration with the state Do NOT limit eligibility based on sex of the parties Fully-insured plans may have to follow state law or carrier's eligibility requirements Common Practices for Attestation/Certification Election form attestation (attest to meeting plan eligibility requirements) State certification or registration (helps determine state taxation) Require proof of shared living and expenses Combination of above

