

Healthcare Reform & Benefit Update



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2014



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Recent Past Rule Reminder

- 2014 to 2015 Delays
 - Pay or play (i.e. 4980H) penalties delayed from 2014 to 2015
 - § 6055 and § 6056 IRS reporting requirements delayed
- 2014 Remaining Requirements
 - Applicable large employer determination
 - Calendar year basis
 - Full time employees + full time employee equivalents (i.e. FTE EEs)
 - “At least” 50 FTE EEs
 - 2015 pay or play penalties
 - PCOR and transitional reinsurance fees
 - Exchanges / Medicaid expansion



Employers' key number is

50

Full-time equivalent employees

> = **50** = Large employer and subject to pay or play penalties

< **50** Small employer and **NOT** subject to pay or play penalties

»» Health Care Reform – Large Employer?

- Large employer = 50 or more Full-Time Equivalent Employees

Steps:

1. Calculate your Full-Time Employees
(average 30 hours/week or **130 hours per month**)
2. Calculate your (part-time and seasonal) FTEs
(add up total hours and **divide by 120**)
3. Add the two numbers in steps 1 and 2
4. Add up the 12 monthly numbers in 3 and divide by 12
5. If less than 50, not applicable large employer
6. If greater than or equal to 50, greater than 120 days?

»» Full Time Employee Status

- Full time employee determination for 4980H penalties is based on two methods:
 - Monthly measurement method
 - Employer electing not to use the look-back measurement would identify full time employees based on hours of service for each calendar month
 - Look-back measurement method
 - Employer would measure employee's hours over a measurement period to stabilize the employee status for the current year
- 30 hours a week threshold for full time employee determination
- 130 hours of service per calendar month is used to determine whether an employee is full time under both methods (*30 hours of service per week x 52 weeks / 12 months*)



Full Time Employee Status

- Payroll Period Application (“weekly rule”)
 - Monthly Measurement Method
 - Commenters requested that the monthly measurement method be applied in a manner that approximated or took into account payroll periods
 - Regs. allow employers to determine status based on hours of service over successive one-week periods
 - Period measured for the month must contain either the week including the 1st day of the month or the week including the last day of the month but not both
 - Look-Back Measurement Method:
 - May base measurement periods on one week, two week, or semi-monthly payroll periods
 - Stability period must be based on calendar months



Look-Back Measurement Considerations

- New Employee
 - Depends on employer’s reasonable expectations to the status of the new employee
 - Considerations include:
 - If replacement, was prior employee full or part time?
 - Are employees in similar positions full time?
 - Job description, advertisement
 - Full Time → offer coverage within 90 days
 - Unsure (i.e. variable (not sure if full or part time), seasonal (full time but not sure how long), determine full time status after measurement period
- Seasonal or variable hour
 - As mentioned above, full time status is determined after an initial measurement period



Hours of Service Rules

- Hours of service include not only hours worked but also hours for which an employee is paid or entitled to payment even when no work is performed. Including:
 - Vacation, holiday, illness, incapacity, layoff, jury duty, military duty or leave of absence.
 - Service outside of the U.S. is generally not counted.



Non-Hourly Paid Employees

- For non-hourly employees, employers may use an equivalency method to track the employees hours of service
 - May apply different methods of calculating for different categories
 - Reasonable and consistently applies
 - May change the method each calendar year
- Volunteer employees
 - Not required to track hours of service for volunteers who receive no compensation in exchange

Large Employer – NO Insurance

- Employers NOT offering health insurance
 - A penalty of \$2,000 per year/per full-time employee
 - Exempts the first 30 full-time employees from computation
 - Example: 100 full-time employees and one goes to an Exchange and utilizes credit
 - Penalty = $(100-30) \times \$166.67 = \$11,667/\text{month}$
 - \$140,000 annually
 - Triggered on all full-time employees if one full-time employee goes to the exchange and receives a subsidy
- **Penalty is NOT tax deductible**

Large Employer – Offer Insurance

- Potential penalty if employer OFFERS health insurance
 - A penalty of \$3,000 per year/per FT employee who goes to the exchange and receives an exchange subsidy
 - Subsidy eligibility based on unaffordable or inadequate insurance
 - **Unaffordable** = Employee insurance premiums exceeding 9.5% of HHI
 - **Inadequate** = Insurance policy less than 60% of actuarial value
 - Capped by the amount of penalty for not offering insurance coverage (in aggregate, not per employee)



Rate of Pay Safe Harbor - Defined

- Employers may use an employee's rate of pay when calculating whether offered insurance meets affordability criteria
- Affordable, if premium doesn't exceed 9.5% of wages:
 - Hourly Employees, lowest of either:
 - 130 hours X hourly rate of pay at the 1st day of the coverage period
 - 130 hours X lowest hourly rate of pay during the calendar month
 - Non-Hourly Employees:
 - Premium doesn't exceed 9.5% of the employees monthly salary at the 1st day of the coverage period



Full Time Employee Status

- Break Periods = new employee = new status
 - If break period is large enough, upon rehire the employee may have a new measurement if either:
 - Break period exceeds ~~26~~ **13** consecutive weeks
 - Break period exceeds 4 consecutive weeks and is longer than employment period (e.g. hired 8 weeks and had a 9 week break period)
 - 26 consecutive week rule remains for education institutions
 - Break periods are excluded or calculated based on average monthly hours worked for (i.e. not counted as 0 hours):
 - Special unpaid leave¹
 - Education Institutions

¹ – Family and Medical Leave Act of 1993 (FMLA), Public Law 103-3, 29 U.S.C. 2601 et seq., or the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), Public Law 103-353, 38 U.S.C. 4301 et seq., or jury duty



Mid-Sized Employer Transition Relief

- 2015 plus portions of 2016 for non-calendar year plans
- Employers will not be charged a 4980H penalty if:
 1. **Limited Workforce Size:** Employer has on average at least 50 FTE EEs but fewer than 100 FTE EEs during 2014
 2. **Workforce Size and Aggregate Hours of Service:** Between 2/9/14 – 12/31/14, employer does not reduce size of workforce or overall hours of service to satisfy above unless for bona fide business reasons
 3. **Maintenance of Previously Offered Health Coverage:** During maintenance period, employer does not eliminate or materially reduce coverage as of 2/9/14, which is defined as:
 1. Continuing to offer an employer contribution that is either:
 1. 95% or more of the dollar amount of the contribution offered on 2/9/14
 2. Same or higher % of cost of coverage provided on 2/9/14
 2. Continuing to offer a plan meeting minimum value (i.e. 60%)
 3. No altering of plan to narrow or reduce access (i.e. limiting to certain class(s) of employees, including dependents)

- Maintenance period: Calendar year plan maintenance period = 2/9/14 – 12/31/15 and for non-calendar year plans = 2/9/14 – last day of 2015 / 2016 plan year



Transition Relief – Applicable Large Employer Status (ALE)

- Shorter measurement periods are permitted to determine ALE status for 2015
 - ALE status may be determined by measuring a period of at least 6 consecutive calendar months during the 2014 calendar year
 - If applying for the seasonal worker exception, this shorter period rule does not apply and the employer would use the entire 12 month period



Transition Relief – ALE 4980(a) Penalty Assessment

- For those employers with more 100 FT EEs or more during 2014
- Do not provide health insurance and having an employee go to the exchange and receive health insurance subsidies, will be charged a \$2,000 penalty based on its full time employees
- For 2015 and non-calendar year plans falling in 2016, the employer is allowed to reduce the number of full time employees penalized by 80 people (verses 30 before the rule)



Transition Relief – Non-Calendar Plan Affordable and Minimum Value Coverage

- Employers will not be assessed 4980H penalties from 1/1/15 – end of 2014 / 2015 plan year if an employer:
 - Maintains plan as of 12/27/12 and eligibility terms as of 2/9/14
 - If not offered to all full time employees, then either:
 - Covered at least 25% of all employees *(or 33% of full time employees)* on any date in the 12 months ending 2/9/14
 - Offered to at least 33% of all employees *(or 50% of full time employees)* during most recent open enrollment period prior to 2/9/14
 - Offers affordable coverage that meets minimum value as of the 1st day of the 2015 / 2016 plan year to at least 95% of employees (see future slides on 5% rule guidance)
- If transition relief is not met; penalties from 1/1/15 – end of 2015/ 2016 plan year apply



Transition Relief – Measurement Periods

- Shorter measurement periods are permitted for stability periods beginning in 2015
 - Measurement period may be shorter than 12 months but no less than 6 consecutive months
 - Beginning no later than July 1, 2014
 - Ends no earlier than 90 days before the 1st day of the 2015 / 2016 plan year
 - Calendar year plan years may use a measurement period from 4/15/14 – 10/14/14 with an administrative period ending 12/31/14



Transition Relief – Coverage of Dependents

- Any employer that takes steps during its plan year that begins in 2014 (2014 plan year) toward satisfying the section 4980H provisions relating to offering coverage to dependents will not be liable for any assessments payment solely on account of a failure to offer to dependents for plan years beginning in 2015



Transition Relief – % of full time employees offered coverage

- Employers will not be assessed the no insurance (4980H(a)) penalty for each calendar month during the 2015 plan year and during the 2015 / 2016 plan year that fall in 2016 if:
 - An ALE offers coverage to at least 70% of its full time employees
 - Must offer coverage to dependents
 - May be subject to the unaffordability 4980H(b) penalty



Controlled Groups

- Employer
 - Controlled group
 - Parent-subsidiary chains
 - Brother-sister controlled group
 - Combined group of the above
 - Affiliated service group
 - Has direct or indirect ownership interest and
 - Performs services for service organization or
 - Works with other organization in rendering services to third parties

»»» Health Care Reform – Employers

- 40% excise tax on “Cadillac” health plans (\$10,200 for individual, \$27,500 for family) – Effective 2018
 - Retirees limit is \$11,850 for individual and \$30,950 for family
 - Tax is on excess benefit calculated on a monthly basis
 - Applicable on coverage paid by both employer and/or employee
 - Includes pretax contribution to FSAs, HRAs, HSAs
 - Employers are to calculate this penalty for insurers, penalty is 100% plus interest

»»» Additional Fees

- **PCORI (Patient Centered Outcomes Research Institute)**. Fees applicable to policy and plan years after October 1, 2012 and before October 1, 2019 and is on the average number of covered lives under the plan per month:
 - \$1 the first year, \$2 in subsequent years.
- **Transitional Reinsurance Fee** (2014 thru 2016) – fee on insurers and self funded plans. In place to create a fund for insurance companies to offset the cost of covering people in the individual market
 - Fee is \$63 per covered life in 2014 – raise \$12B
 - 2015 fee decreases – raise \$8B
 - 2016 fee decrease – raise \$5B
- **Health Insurance Industry Fee**

»»» Grandfathering Provisions

- Grandfathered health plan is one that was in existence on March 23, 2010
- Loss of status events
 - Reduce or eliminate benefits
 - Raising co-insurance, or significantly raising co-payments and deductibles
 - Significantly lowering employer premium contributions
- To maintain grandfather status – document the plan and policy terms effective as of 3/23/10

»»» Reporting

- Exchange
 - IRC Section 36B
 - 1095-A
- Health insurance issuer/Self-insured
 - IRC Section 6055
 - 1095-B
- Employers
 - IRC Section 6056
 - 1095-C



6055: Information Reporting of Minimum Essential Coverage

- Health insurance carriers, certain employers, and others that provide minimum essential coverage (MEC) to individuals must report to the IRS information about the type and period of coverage and furnish the information in statements to covered individuals.
 - The collection of information will be used to determine whether an individual has minimum essential coverage.



6055 Reporting

- The final regulations retain the rule in the proposed regulations directing all reporting entities to provide TINs for all covered individuals and to provide a date of birth only if a TIN is not available after the reporting entity makes reasonable efforts to obtain it.
 - Reporting entities are permitted to use truncated TINs on the filing.
- Statements must be furnished on or before January 31 of the year following the calendar year in which MEC is provided.



6056: Information Reporting by Applicable Large Employers

- Requires those employers to report to the IRS information about the health care coverage, if any, they offered to the full-time employees, in order to administer the employer shared responsibility provisions
- Also requires employers to furnish related statements to employees that employees may use to determine whether, for each month of the calendar year, they may claim on their individual tax returns a premium tax credit.



6056 Reporting

- Employers are certified to report:
 - Name, address and employer identification number of the ALE
 - Name and telephone # of ALE members contact person
 - Certification as to whether ALE offered it full-time employees (and dependents) opportunity to enroll in MEC – by calendar month
 - # of full time employees for each month during calendar year
 - For each full time employee the months coverage was available
 - Monthly premium for lowest cost option for each enrollment category
 - Employee information – name, address, TIN and # of months each employee was covered
 - Other information required by HHS



Health Plan Identifier

- Health plans are now required to obtain a **Health Plan Identifier number** (HPID)
 - Large health plans must obtain an HPID by November 5, 2014
 - Small health plans (\$5 million or less in annual receipts) have an extra year to register by November 5, 2015



Health Care Reform

EMPLOYEE SIDE

Health Care Reform – Individuals

- Individual mandate to maintain minimum essential coverage beginning after 2013
 - Penalty if you do not have coverage:

Year	Penalty	% of Income*
2014	\$95	1%
2015	\$325	2%
2016	\$695**	2.5%

* In lieu of the flat penalty if greater.

** Indexed to inflation thereafter.

- In 2016 a family is capped at \$2,085 or 2.5% of household income (HHI), whichever is larger

Health Care Reform – Individuals

- Premium Assistance Refundable Tax Credit
 - 2.0% for those at 133% of Fed Poverty Level; up to
 - 9.5% for those at 400% of Fed Poverty Level
- Out-of-pocket exchange subsidies
- Effective January 1, 2014

Health Care Reform – Individuals

Income Level	Premium as a Percentage of Income
Up to 133% FPL	2% of income
133 – 150% FPL	3 – 4% of income
150 – 200% FPL	4 – 6.3% of income
200 – 250% FPL	6.3 – 8.05% of income
250 – 300% FPL	8.05 – 9.5% of income
300 – 400% FPL	9.5% of income

Exchange Premium Factors

The following table displays the key determinants of an employee's exchange premium by household size and income level as compared to the federal poverty guidelines:

2014 Federal Poverty Line					
Household Size	<u>100%</u>	<u>133%</u>	<u>200%</u>	<u>300%</u>	<u>400%</u>
1	\$11,670	\$15,521	\$23,340	\$35,010	\$46,680
2	15,730	20,921	31,460	47,190	62,920
3	19,790	26,321	39,580	59,370	79,160
4	23,850	31,721	47,700	71,550	95,400
5	27,910	37,120	55,820	83,730	111,640
Employee Exchange Premiums as a Percentage of Income					
Minimum %	Medicaid	2.00%	3.00%	6.30%	9.50%
Maximum %	Medicaid	2.00%	6.30%	9.50%	9.50%



Example Premium Cap Levels

		Single Household		Family of 4	
FPL	Premium Cap %	Annual Income	Monthly Premium Cap	Annual Income	Monthly Premium Cap
100%	2.0%	\$11,490	\$19.15	\$23,550	\$39.25
200%	6.3%	\$22,980	\$120.65	\$47,100	\$247.28
300%	9.5%	\$34,470	\$272.89	\$70,650	\$559.31
400%	9.5%	\$45,960	\$363.85	\$94,200	\$745.75



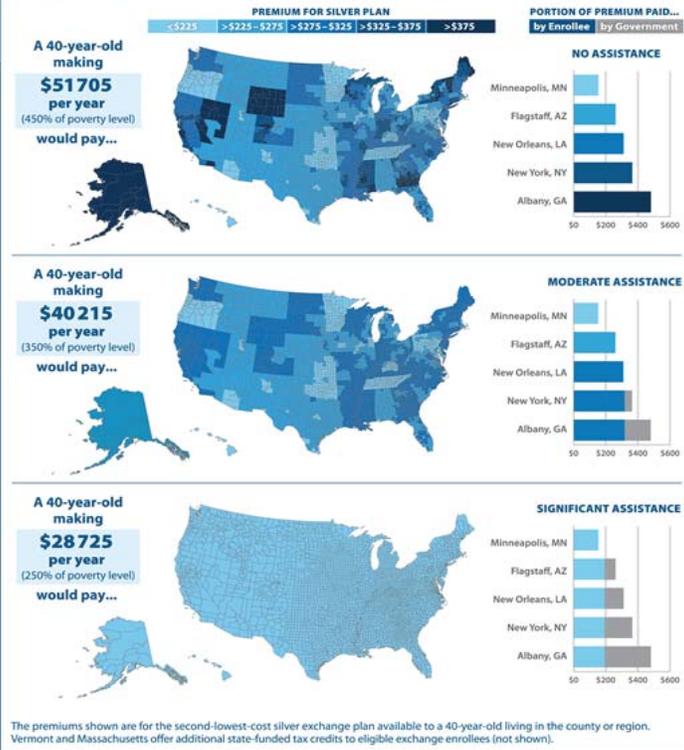
Work more get less example

- Couple age 50 in Ohio making \$62,040
- Silver plan cost on exchange is \$9,346
- Subsidy worth \$3,452
- If they make \$1 more they lose the subsidy
- They would have to make \$65,492 to make up for the lost subsidy



WHAT AMERICANS PAY FOR HEALTH INSURANCE UNDER THE ACA

The premium tax credit limits the amount an eligible enrollee would have to spend on a silver plan, thereby reducing the variation in the cost of insurance.



Marketplace Update

Location	# Ind selected a Marketplace Plan	Est # of potential MP enrollees	% of potential MP pop enrolled
USA	4,242,325 *	28,605,000	14.8%
North Dakota	5,238	77,000	6.8%
Minnesota	32,030	298,000	8.6%
South Dakota	6,765	118,000	5.7%

* MP total ended up at 7.1 million

- 83% of MP enrollees qualify for subsidy
- Highest % enrolled is Vermont at 54.1%
- Lowest % enrolled are IA, MA, SD
- Highest # of individuals is California at 868,936 (26.4%)
- Average subsidy in USA is \$2,890 (ND - \$2,730)
- Total premium subsidy in USA is \$10B (ND - \$12m)



Healthcare Reform Analytic

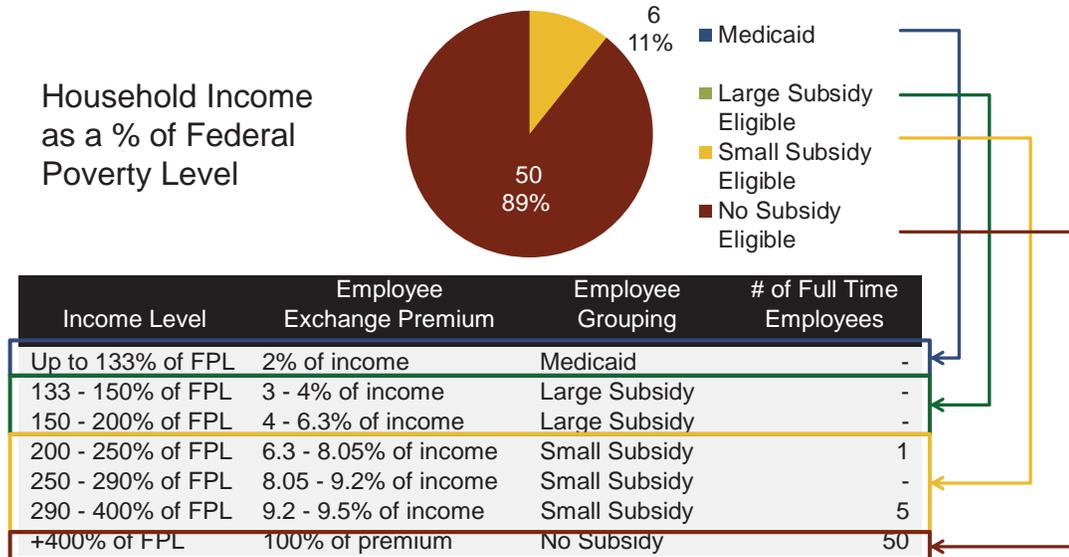


Health Care Reform Analytic

- Help Understand:
 - Determination of Large/Small Employer
 - Employee Status – full time and part time
 - Potential costs and fees with ACA
 - Affordability calculation
 - Employee subsidies
 - Cadillac tax potential

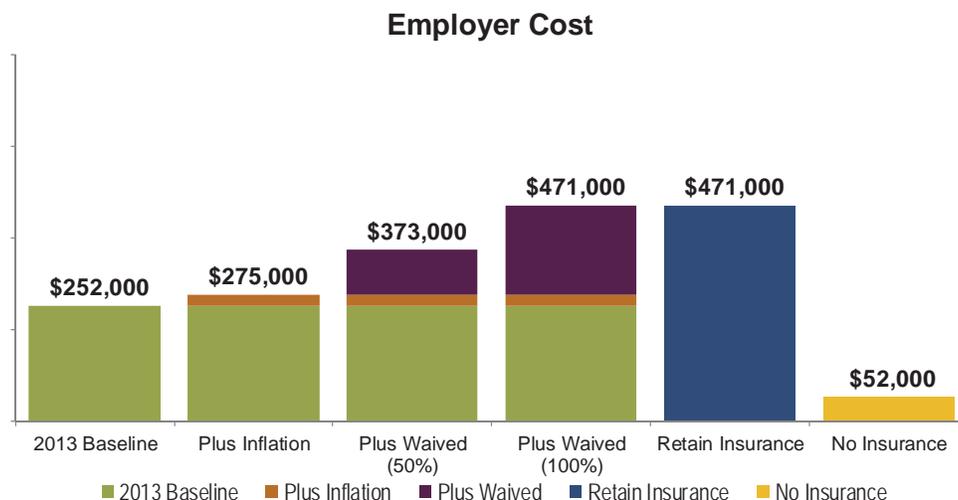
Subsidy Factors

The following graph and chart below shows the breakdown of subsidy eligible based on no employer based insurance:



Executive Summary: Employer

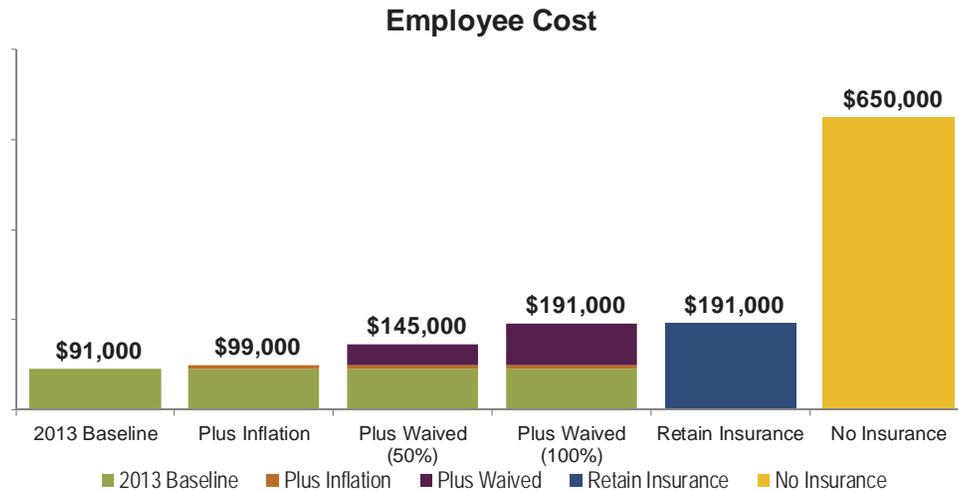
Below displays the employer impact based on the points in time & key assumptions:





Executive Summary: Employee

Below displays the employee impact based on the points in time & key assumptions:



Employee Breakdown

Below displays a breakdown of XYZ Company employees by full time & part time as well as by EBI enrolled plan:

Plan Type	Full Time	Part Time	Total
Single	48	2	50
SPD	9	-	9
Family	17	2	19
Single Waived	33	150	183
SPD Waived	20	-	20
Family Waived	8	26	34
Total	135	180	315

- 135 employees worked 1,560 or more hours
- 180 employees worked less than 1,560 hours
- Full time employees are included in the analysis



Waived Employees Sensitivity

Below displays sensitivities on the number of waived employees who may take up employer based insurance:

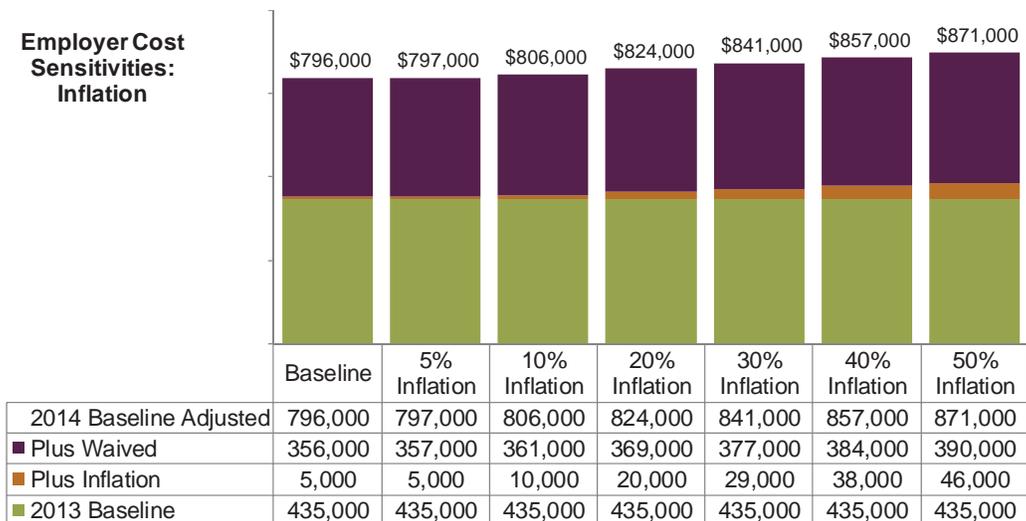


* - 2014 Baseline scenario assumes 100% of waived employees enroll in EBI.



Inflation Sensitivity

Below displays sensitivities related to changes to the inflation % on health insurance:



* - 2014 Baseline scenario assumes a 4% inflation rate.

Cadillac Tax: Single Plan

Below displays the potential Cadillac tax for the offered single plan:

2013 Single Premium							\$	6,066
Cadillac Tax Threshold							\$	10,200
	5.0%	10.0%	15.0%	20.0%	25.0%			
2014	\$6,400	\$6,700	\$7,000	\$7,300	\$7,600			
2015	\$6,700	\$7,400	\$8,100	\$8,800	\$9,500			
2016	\$7,000	\$8,100	\$9,300	\$10,600	\$11,900			
2017	\$7,400	\$8,900	\$10,700	\$12,700	\$14,900			
2018	\$7,800	\$9,800	\$12,300	\$15,200	\$18,600			

* - Assumes \$10,200 single threshold does not increase between now and 2018.

** - Excludes any applicable employer and/or employee FSA and HRA contributions.

Cadillac Tax: SPD Plan

Below displays the potential Cadillac tax for the offered SPD plan:

2013 SPD Premium							\$	9,419
Cadillac Tax Threshold							\$	27,500
	5.0%	10.0%	15.0%	20.0%	25.0%			
2014	\$9,900	\$10,400	\$10,800	\$11,300	\$11,800			
2015	\$10,400	\$11,400	\$12,400	\$13,600	\$14,800			
2016	\$10,900	\$12,500	\$14,300	\$16,300	\$18,500			
2017	\$11,400	\$13,800	\$16,400	\$19,600	\$23,100			
2018	\$12,000	\$15,200	\$18,900	\$23,500	\$28,900			

* - Assumes \$27,500 non-single threshold does not increase between now and 2018.

** - Excludes any applicable employer and/or employee FSA and HRA contributions.

»»» Cadillac Tax: Family Plan

Below displays the potential Cadillac tax for the offered family plan:

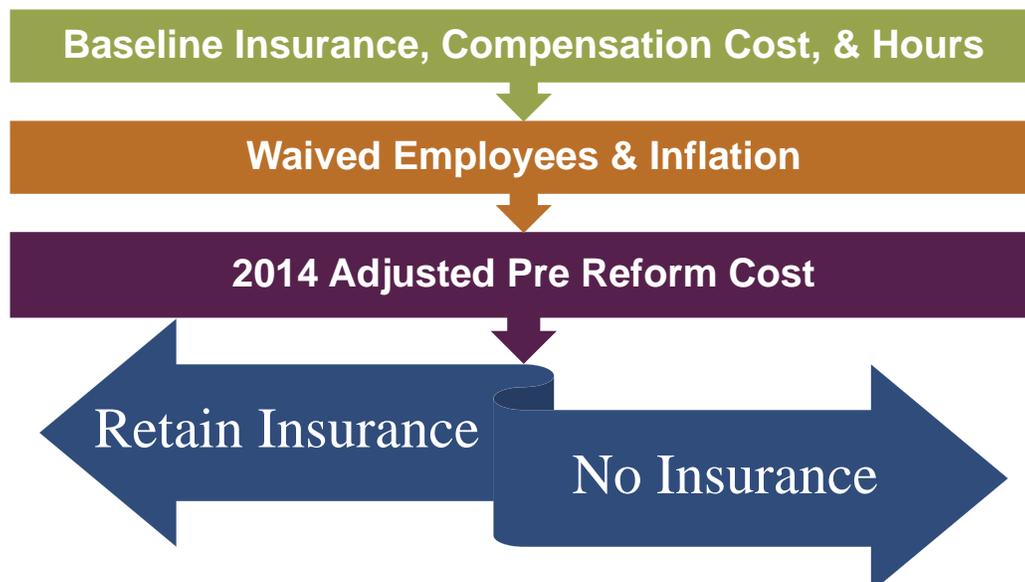
2013 Family Premium							\$	13,683
Cadillac Tax Threshold							\$	27,500
	5.0%	10.0%	15.0%	20.0%	25.0%			
2014	\$14,400	\$15,100	\$15,700	\$16,400	\$17,100			
2015	\$15,100	\$16,600	\$18,100	\$19,700	\$21,400			
2016	\$15,900	\$18,300	\$20,800	\$23,600	\$26,800			
2017	\$16,700	\$20,100	\$23,900	\$28,300	\$33,500			
2018	\$17,500	\$22,100	\$27,500	\$34,000	\$41,900			

* - Assumes \$27,500 non-single threshold does not increase between now and 2018.

** - Excludes any applicable employer and/or employee FSA and HRA contributions.

»»» 2014 to 2015 Key Drivers

Analyze health care costs by considering the following key variables:



Benefit Options

- What benefit alternatives do employers have with healthcare reform?
- Should they pay or play?
- Which of these benefits can be pre-taxed?
- How can employees access public and private exchanges?
- How do they continue to provide cafeteria, HSA and HRA plans?



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Benefit Options

- Option 1: Retain Group Health Plan (Defined Benefit)
 - Pros: current offering
 - No penalty as long as offer minimum essential coverage and plan is affordable
 - Cons: uncertainty of premium costs
 - Uncertainty of participation
 - Lack of carrier and plan choice
 - Subsidies cannot be accessed

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Benefit Options

- Option 2: Retain Group Health Plan (Defined Contribution Single Carrier)
 - Pros: plan choice for employees
 - Budgeted premium contribution
 - No employer penalty for not providing health insurance
 - Cons: Group rates may be higher than individual
 - Subsidy eligible employees could not receive subsidies

Benefit Options

- Option 3: Defined Contribution (no group health plan)
 - Pros: No time spent on plan selection
 - Individual health rates could be lower than group
 - Benefit contribution choice for employee (not just health)
 - Leverage government subsidies
 - Cons: Penalty for not providing group insurance for >50 employee groups

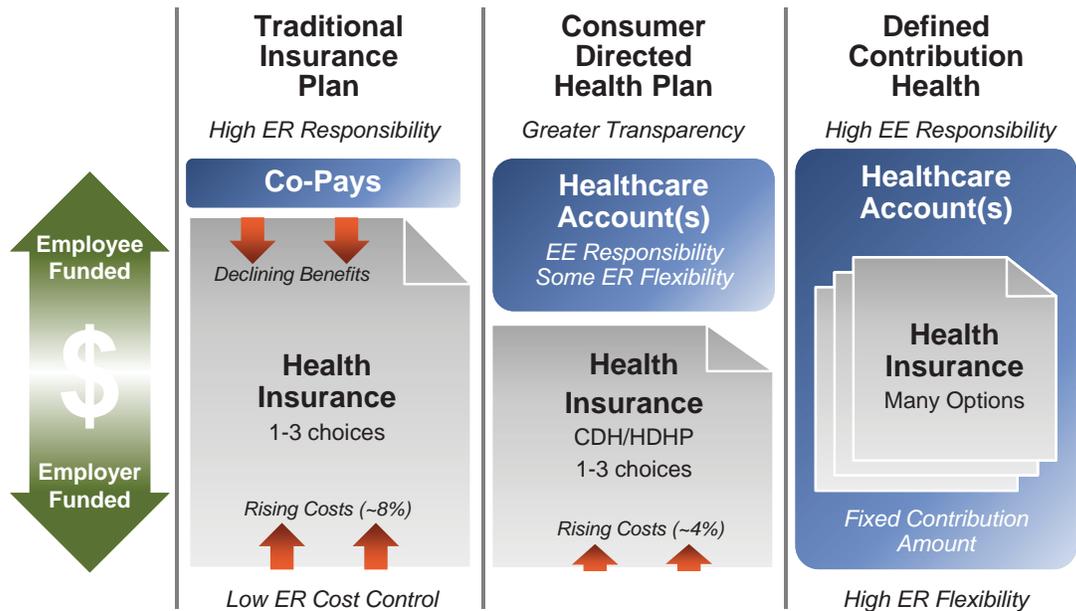
»» Factors to Consider

- Determining the right health insurance package is a significant decision for an organization:
 - Quantitative factors
 - Profitability
 - Short run vs. Long run financial
 - Qualitative factors
 - Employee morale
 - Image to important stakeholders



Defined
Contribution
Solutions

Defined Contribution Health



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Defined Contribution Approach

- Employer defines contribution to tax deferred or post tax vehicle to pay for group or individual insurance premiums
- Employees access private and public exchanges to obtain coverage



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Defined Contribution Advantages

- Cost control
 - Fixed contribution allow better prediction of employer costs
- Subsidy eligible employees access subsidies available on the public exchanges
- More benefit plan choice through private exchange
- Coordination with ancillary insurance products and pre-tax reimbursement accounts



Defined Contribution Advantages

- Total compensation transparency
- More transparency will better educate employees about the full cost of health coverage
- Increase demand for lower cost plans
- Help contain growth in spending





What Employers are a Good Fit for Defined Contribution Health Plans?

- Employers that want to budget/control health care costs
- Employers that have a diverse work force
- Employers not able to absorb large premium increases
- Employers with primarily low wage employee base
- Employers with retirees they want to move off group plan

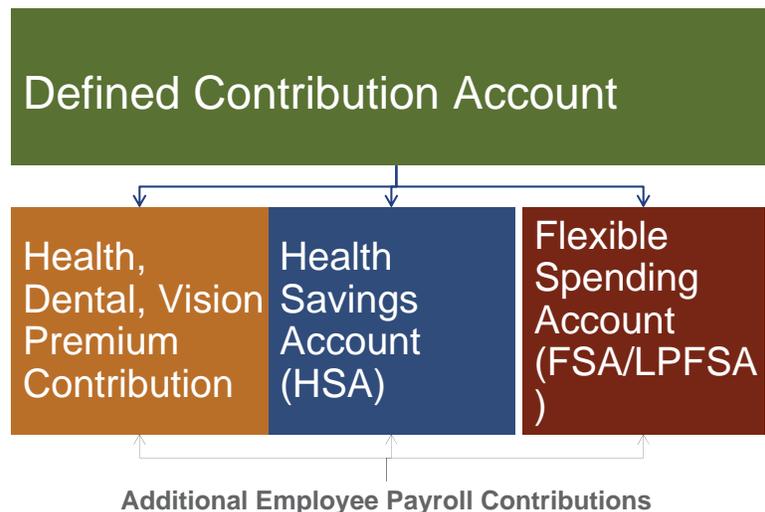
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Defined Contribution

Cafeteria Plan Under Section 125, Group Model

Employer Contribution



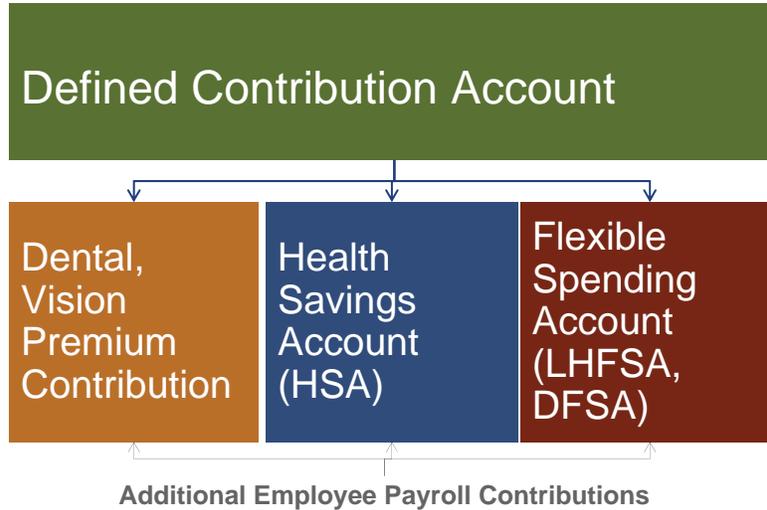
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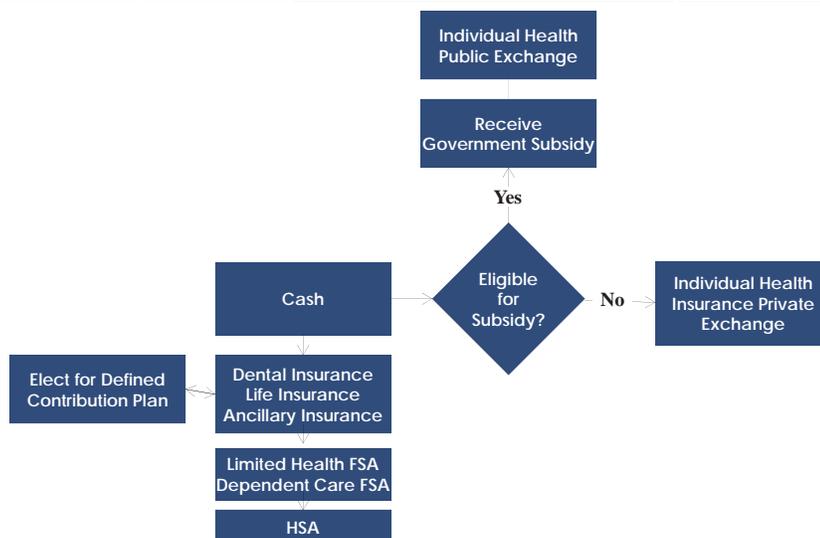
Defined Contribution

Cafeteria Plan Under Section 125, Individual Model

Employer Contribution



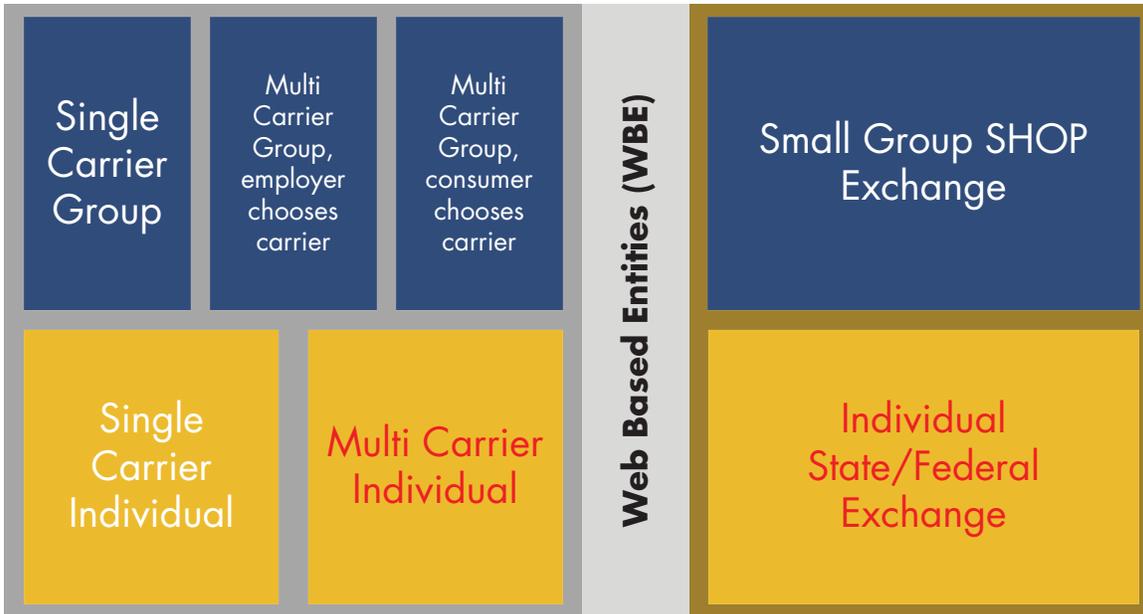
Employer Defined Contribution





Private Exchange

Public Exchange



Exchange Options

- Defined Contribution Solutions
 - Flex, HRA and HSA administration
 - Insurance communication and enrollment
- Call center to assist with facilitation of public and private exchange enrollment

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The screenshot shows the EideBailly website homepage. At the top left is the EideBailly logo. To its right is the tagline "Get help from our experienced professionals!". Further right is a "Call us" button with the number 877-405-4058. Below this is a navigation menu with links for Home, Health Insurance, Life Insurance, Home and Auto, Supplemental Insurance, Financial Services, Value Added Benefits, and About Us. The main content area features a large heading "WELCOME TO EIDE BAILLY INSURANCE EXCHANGE" and a grid of eight service categories, each with an icon and a button: Health Insurance (stethoscope), Life Insurance (candle), Home & Auto Insurance (house), Supplemental Insurance (umbrella with cross), Financial Services (calculator), Value Added Benefits (checkmark), Wellness (smiley face), and Healthcare Reform (Caduceus). At the bottom of the main content area is a text box: "If you prefer to speak with an insurance professional, please call us at 877-405-4058 and we are happy to provide you with quotes and information." The footer contains the same navigation menu as the top.

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-  [Supplemental Insurance](#)
-  [Financial Services](#)
-  [Value Added Benefits](#)
-  [Wellness](#)
-  [Healthcare Reform](#)

If you prefer to speak with an insurance professional, please call us at 877-405-4058 and we are happy to provide you with quotes and information.

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> Site Map
 Get help from an experienced professional!
 Call 877-498-9079

Home > Health Insurance

Health Insurance

Health Insurance is a core need of all Americans. Choosing the right type of coverage, carrier, and plan design can mean the difference in thousands of dollars in premium savings and thousands of dollars in out of pocket, uncovered, medical expenses. Our consultants have all of the information necessary to walk you through all of the options available to you and find the right plan in a quick and easy to understand way.

It's easy to get started just click on the type of insurance you need a quote for and follow the instructions to get a quote or call the 800 number and connect to an expert immediately.

-  **Major Medical**
-  **Short Term Medical**
-  **Medicare Supplement**
-  **HSA Health Plans**

Watch this short video to see if HSA is right for you.



Get help from an experienced Health Partners America professional!
 Call 877-498-9079

Site Map

Home > Health Insurance > Major Medical

Major Medical

VelaPoint - Insurance License: 0G67800

Find by Deductible Range	Find by Plan Type	Find by Price Range	Find by Company Name
<ul style="list-style-type: none"> + No Deductible (3) + \$100 - \$500 (4) + \$501 - \$1,000 (7) + \$1,001 - \$2,500 (41) 	<ul style="list-style-type: none"> + PPO Plans (128) + HSA Plans (34) + IND Plans (3) 	<ul style="list-style-type: none"> + Below \$100 (3) + \$101 - \$250 (3) + \$251 - \$500 (45) + \$501 - \$750 (47) 	<ul style="list-style-type: none"> + Assurant TIME (33) + Celtic (15) + Humana (78) + UnitedHealthOne (43)

View as Rows View as a Grid Show: All 169 Plans Sort By: Carrier Name Plan Type Deductible Price

Most Popular Plans Agency Recommended

Saver 80 \$10,000 Deductible View Similar Plans Check to compare

UnitedHealthOne

Type	Deductible	Dr. Visit	Inpatient Hospital	Rx	Maternity	Monthly Premium
PPO	>\$10,000	>NA	>25%	✓	✓	\$162.05

View Plan Details View Doctors & Hospitals Apply Now

Copy 70 \$7,500; \$1,000 Rx View Similar Plans Check to compare

HUMANA one

Type	Deductible	Dr. Visit	Inpatient Hospital	Rx	Maternity	Monthly Premium
PPO	>\$7,500	>\$35	>30%	✓	✓	\$113.54

View Plan Details View Doctors & Hospitals Apply Now

Family HSA 70 \$6,000 Deductible View Similar Plans Check to compare

UnitedHealthOne

Type	Deductible	Dr. Visit	Inpatient Hospital	Rx	Maternity	Monthly Premium
HSA	>\$5,000	>30%	>30%	✓	✓	\$121.18

View Plan Details View Doctors & Hospitals Apply Now

Page 1 of 6 10 plans/page

Prepared For: Nitra LaGrander Phone: 877-434-1904

Proposal ID: 14281151 Proposed Effective Date: 09/01/2012

Email: aaron@velapoint.com Zip: 35201 County: Jefferson State: AL

	Gender:	Age:	DOB:	Tobacco:	Student:
Applicant:	Female	42	7/12/1970	No	No
Spouse:	Male	47	3/22/1965	No	No
Dependent:	Male	2	9/1/2010	No	No

[Change Quote Information](#)

- Health Insurance:
- Major Medical
 - Short Term Medical
 - Medicare Supplement
 - Senior Medical Insurance
 - HSA Health Plans

My Healthcare Build a financial plan for your healthcare future

About Me ✓ My Healthcare ✓ My Account

Step 2 of 4: Make My Elections
Review the summary below of your elections.

How we came up with your recommended elections:
Financial Goals: Cover out of pocket

Filter by: Per Month Per Year Edit Elections

	Employer Dollars	Your Election
Flex Spending Account ⓘ	\$83.33	\$0.00
DependentCare FSA ⓘ	\$0.00	\$0.00
IndividualPremium ⓘ	\$25.00	\$0.00
Premium Account Post-Tax ⓘ	-----	\$300.00

If you choose to elect \$0.00 for a plan you will not be enrolled in that plan. Please enter \$0.00 if you do not wish to participate in a plan.

Your estimated payroll deduction: **\$138.46** Your tax savings will be: **\$0.00**

← Previous Next →

Spending Account
View: [Monthly](#) [Yearly](#)

\$1,300.00
Employer Contributions

\$3,600.00
Your Contributions

\$4,900.00
Total Contributions

Questions? Contact Employee Benefits Customer Service at (952) 944-6633 Or toll free at: (800) 300-1672 or benefits@eidebailly.com

HRAs and Health FSAs

- HRA must be integrated with group health plan
- If no group health plan, HRA design:
 - One person HRA
 - Retiree HRAs
 - Dental and vision expenses only
- Must have ability to waive HRA benefit
- If no group health plan, health FSA must be limited to dental or vision expenses



Key Take-Aways

- Defined contribution option for better cost control and employee choice
- Shift to individual coverage driven by PPACA
- Subsidies cannot be accessed when employer has qualifying group coverage that's affordable
- Role of FSAs, and HSAs
- Cafeteria plans and HRA cannot be used to purchase individual health insurance
- Group products still offer advantages

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Questions?



The following report materials are intended to provide management with knowledge and industry trends surrounding health reform in order to make an informed business decision surrounding employee benefits. Specifically the enclosed analysis includes implications around the potential expansion of Medicaid as well as the implementation of the Health Insurance Exchanges. The materials do not constitute, and should not be treated as a recommendation for any particular employee benefit package or course of action. Every effort has been made to assure the accuracy of these materials. Eide Bailly LLP and the author do not assume responsibility for any individual's reliance upon the written or oral information provided herein. Readers of the following report should independently verify all statements made before application to a particular fact situation and should independently determine the consequences or such action before recommending or implementing employee benefit alternatives.



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