New Summary of Benefits and Coverage Template Delayed

A March 30 Department of Labor (DOL) FAQ announced that the new Summary of Benefits and Coverage (SBC) template and related documents, published in proposed regulations on December 22, 2014, are delayed until 2016. However, some changes to the regulation will apply in 2015, as planned. The FAQ indicates final regulations are expected in the near future.

Per the FAQ, the new SBC template will go through consumer testing. The DOL anticipates that the document will be finalized in January 2016, and will apply to 2017 coverage. Use will likely begin during fall 2016 open enrollment for plan years beginning on or after January 1, 2017. Expected changes to the template include, but are not limited to:

- An additional cost example for a foot fracture treated in an emergency room
- Updated claims/pricing data for the coverage example calculator
- New minimum essential coverage and minimum value information
- Issuer website for specific policy or group certificate of coverage information
- Uniform glossary revisions
- Removal of annual limits for essential health benefits (EHBs) information

Still required this year

Proposed regulations that are still expected to take effect on September 1, 2015 for plan years beginning on or after January 1, 2016 clarify the following:

- Applicability to health reimbursement accounts (HRAs) and health savings accounts (HSAs), excepted benefits, expatriate coverage and Medicare Advantage plans
“Theresa Semple has been my companies’ benefits broker for slightly over 10 years. And yes, I spelled companies’ correctly because there was no one I trusted more to handle employee benefits when I started with a new company in 2010 than Theresa. Her knowledge of the insurance industry, the level of customer service she provides, and the personal attention she gives to any issues that may arise, set her far apart from other brokers out there. ”

~ Lori Forrest
NJ Company

“For more than 15 years Theresa Simple has been my health insurance broker. In that 15 plus years Theresa and I have not only developed a wonderful working relationship I also have the honour to consider her a friend. Her dedication to helping my company achieve not only the best insurance out there but the most cost efficient insurance. Theresa’s knowledge and customer service qualities I have not experienced from any other broker in all my years here at Beau Label. She makes me feel like I am her only client. ”

~ Chiarina, Controller
NJCompany

New EEOC Ruling Affects Workplace Wellness Programs

See how the recently proposed rules by the Equal Employment Opportunity Commission (EEOC) on financial incentives within workplace wellness programs might affect your clients. These rules align with the wellness provisions of the ACA and HIPAA along with the nondiscrimination rules in the Americans with Disabilities Act. Click here for more details.

National Physical Fitness and Sports Month

Regular physical activity is good for everyone’s health, and people of all ages and body types can be physically active. National Physical Fitness and Sports Month is a great time to spread the word about the benefits of getting active. Here are just a few benefits of physical activity:

- Children and adolescents - Physical activity can improve muscular fitness and bone and heart health.
- Adults - Physical activity can lower risk for heart disease, type 2 diabetes, and some types of cancer.
- Older adults - Physical activity can lower the risk of falls and improve cognitive functioning (like learning and judgment skills).

Communities, health professionals, and families can work together to create opportunities for everyone to get more physical activity. Make a difference: Spread the word about fun ways to get moving! How can National Physical Fitness and Sports Month make a difference?

We can use this month to raise awareness about the benefits of physical activity. Here are just a few ideas:

- Encourage families to make small changes, like taking a walk
An Overview Of IRC Sections 6055 and 6056 Reporting

The Patient Protection and Affordable Care Act (PPACA) added Sections 6055 and 6056 to the Internal Revenue Code. Under these provisions, employers and other sponsors of minimum essential coverage ("MEC") plans must comply with certain reporting and disclosure requirements beginning in 2016 for coverage provided during the 2015 calendar year. In February 2015, the IRS released final forms 1094-B, 1095-B, 1094-C, and 1095-C, as well as, final instructions for organizations that will use those forms to fulfill their reporting and disclosure requirements. To assist employers as they struggle to understand the nuances of the new reporting and disclosure requirements, we have summarized below the highlights from the final instructions and forms.

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