Health care reform timeline

- PPACA signed into law
- Summary of Benefits and Coverage (SBC) and uniform glossary disclosure
- Supreme Court rules individual mandate constitutional
- Election affirms status of reform
- Individual health coverage mandate
- Health benefit exchanges operational
- Medicaid eligibility expanded in some states
- Premium and cost-sharing subsidies
- Expanded health incentive limits
- Additional group health plan mandates
- Employer pay or play mandate
- Sales of health insurance across state borders permitted
- States may open exchanges to large employers
- 40% nondeductible excise tax on high-cost, employer-sponsored health coverage ("Cadillac" plan tax)

2010
- PPACA signed into law
- Individual health coverage mandate
- Adult child medical coverage to age 26, no lifetime dollar limits/"restricted" annual dollar limits on essential health benefits, no preexisting condition exclusions for enrollees under age 19, coverage of preventive care without participant cost sharing, no rescissions
- W-2 issued using 2012 health plan data
- Medicare payroll tax increased for higher-wage employees
- $2,500 cap on employee pretax contributions to health FSAs
- Notice to employees of exchange-based coverage options

2011
- States may open exchanges to large employers

2012
- Sales of health insurance across state borders permitted

2013
- Individual health coverage mandate
- Health benefit exchanges operational
- Medicaid eligibility expanded in some states
- Premium and cost-sharing subsidies
- Expanded health incentive limits
- Additional group health plan mandates
- Employer pay or play mandate

2014
- Sales of health insurance across state borders permitted

2015
- Individual health coverage mandate
- Health benefit exchanges operational
- Medicaid eligibility expanded in some states
- Premium and cost-sharing subsidies
- Expanded health incentive limits
- Additional group health plan mandates
- Employer pay or play mandate

2016
- Sales of health insurance across state borders permitted

2017
- Individual health coverage mandate
- Health benefit exchanges operational
- Medicaid eligibility expanded in some states
- Premium and cost-sharing subsidies
- Expanded health incentive limits
- Additional group health plan mandates
- Employer pay or play mandate

2018
- Individual health coverage mandate
- Health benefit exchanges operational
- Medicaid eligibility expanded in some states
- Premium and cost-sharing subsidies
- Expanded health incentive limits
- Additional group health plan mandates
- Employer pay or play mandate
Provisions Effective in 2014

- Individual health coverage mandate (Does not apply to employers)
- Health benefit exchanges operational - Georgia will be part of federal exchange
- Medicaid eligibility expanded in some states - Not Georgia
- Premium and cost-sharing subsidies
  - No concern because of the low employee premium at Emory
- Expanded health incentive limits
  - Allowable incentives Increase from 20% to 30% of total premium
- Additional group health plan mandates
  - Emory plans already compliant (no maximum benefit, below annual deductible maximum, no pre-existing condition clause)
- Employer pay or play mandate
  - Penalty for non-compliance $2,000 per employee per year ($2.4M)
  - Emory plan is affordable and actuarial value is sufficient
  - Evaluation of those working 30 hours or more per week, not currently eligible for health insurance
    - Reviewed historical work patterns. (Emory Temporary Services, visiting faculty, department temp and PT)
    - GOOD NEWS!
Employer Pay or Play Mandate Review

- Review shows minor projected impact except monitoring / documentation:
  - Faculty – Includes part-time and adjuncts. Review of “standard hours” based on course hours / work hours calculation validates those scheduled as part-time have “work hours” of less than 20 hours per week.
  - Staff – Includes part-time currently not benefits eligible. Not an issue. Exempt are scheduled less than 20 hours and non-exempt are actually working less than 20 hours.
  - Temporary – In addition to a standard temporary employees hired by a department ETS was included in the review. Good News - Less than 50 people would have required action if ACA had been in place in 2012.
Administrative Action Plan
Safe Harbor for 2014 for Seasonal and Temporary workers

- Measurement Period
  - Period determined by employer (in the control group, all Emory) between three and twelve month “look back” period to determine if average hours worked is 30 hours or more per week. If so health coverage required in stability period

- Administrative Period
  - The time, up to 90 days, to review the data from the measurement period.

- Stability Period
  - Prospective following the Administrative Period and must be at least as long as the Measurement Period and health coverage must be provided for the entire period unless employment ends regardless of hours worked.
Administration

- Actual hours worked (scheduled for exempt) will be reviewed monthly beginning with a six month look back period. Initial reporting begins in Oct. 2013
  - Departments / supervisors will be notified of pending issues and action to change status will be necessary

- Policy Enforcement
  - Temporary full time (30 or more hours per week) maximum is six months
  - Temporary part time – Maximum 29 hours per week

- Initial Review
  - Measurement Period – 10 months - March – Dec 2013 (for those hired before or on 3/1/2013)
  - Administrative Period - 2 months – Jan - Feb 2014 (includes enrollment period)
  - Stability Period – 12 months- March 1, 2014 – February 28, 2015
Maximizing Short Term Disability Benefits for Maternity Medical Leave

HR Rep Meeting
June 18, 2013
Short-Term Disability (STD) Benefits for Maternity

- After completion of the STD elimination period, STD benefits for maternity are limited to income replacement of 60% of pre-disability salary through six weeks post-partum for normal deliveries.
- Employees are required to satisfy the STD elimination period by using accrued sick leave and/or vacation leave.
- When going on leave due to maternity, employees should carefully consider how they will use their STD benefits and accrued leave balances.
Prior to Requesting Leave

- Employee should do the following:
  - Review Short-term Disability Waiting period they enrolled in
  - Review leave accrual balances
  - Decide whether they will use accrued leave after the waiting period OR receive STD benefits up to six weeks post-partum and then use additional accrued leave
Requesting Leave for Maternity

- Employee should do the following:
  - Complete the appropriate leave request form online in PeopleSoft
  - Print the Employee Medical Leave Certification form – healthcare provider will completed and return to Employee Relations
  - Communicate to supervisor or HR Rep the amount of accrued leave to be utilized for leave and when
  - Complete Telephonic STD Claims process if needed. Insurance company will pay STD benefits when paid leave ends. No payments will be made after six week period without medical necessity.

- HR Rep should do the following:
  - Complete E-HRAF for period(s) of paid and unpaid leave for employee