

# Employee **Benefits** Corporation



## ACA Update: Recent Events, the Current Landscape and Preparing for 2018 November 2017



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Agenda

Recent Events

Current ACA Landscape

Preparing for 2018

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## Introduction--Glossary of Acronyms

Acronym	Definition
ACA	Affordable Care Act
ALE	Applicable Large Employer
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
FSA	Flexible Spending Account
FTE	Full-Time Employees
HIPAA	Health Insurance Portability and Accountability Act
HRA	Health Reimbursement Arrangement
HSA	Health Savings Account
IRC	Internal Revenue Code
IRS	Internal Revenue Service
MEC	Minimum Essential Coverage

## Introduction--Glossary of Acronyms

Acronym	Definition
PCOR Fee	Patient-Centered Outcomes Research Trust Fund Fee
PEB HRA	Post-Employment Benefit HRA
QB	Qualified Beneficiary (COBRA)
SBC	Summary of Benefits and Coverage
SEP	Special Enrollment Period
SPD	Summary Plan Description



## Recent Events

## Recent Events

- **The Elections of 2016: Republicans control of House, Senate, and White House**
  - Seven years spent vowing to repeal President Obama’s signature legislation, the Affordable Care Act (ACA), aka “Obamacare”
    - Premiums rising
    - Insurers dropping out of the Exchanges
    - Heavy regulatory and tax burden
  - Problem is, many aspects of ACA are very popular with widely varying constituencies

## Recent Events

- **Executive Order 13765 (President Trump signed 1/20/17)**
  - “To the extent permitted by law,” the heads of agencies affected by the ACA shall:
    - Exercise all authority and discretion to waive, defer, grant exemptions from or delay the implementation of any provision of ACA that would impose a fiscal or regulatory burden on any person or entity
    - Exercise all authority and discretion to give flexibility to States
    - Encourage development of free and open market for health insurance and health care services

## Recent Events

- **Freeze Memorandum (President Trump issued 1/20/17)**
  - Send no new regulations to Office of the Federal Register until new agency heads have a chance to review
  - Withdraw regulations sent but not published
  - Postpone regulations published but which have not taken effect for at least 60 days

## Recent Events

- **Neither action can change existing law or effective regulation**
  - Greatest impact was expected to be on enforcement activities
    - **However:**
      - Report issued in April 2017 indicated an IRS system to identify employers who may owe “pay-or-play” penalties could be operational by May 2017
      - IRS announced in Oct. 2017 that it will not accept individual income tax returns lacking info. about health insurance coverage

## Recent Events

- **Congressional action failed to repeal or replace ACA**
  - American Health Care Act passed House on May 4, 2017
  - In June, similar bill (Better Care Reconciliation Act) didn't pass Senate
  - In July, Senate voted down bills, including the Health Care Freedom Act, which would have largely repealed ACA
  - In Sept. 2017, Graham-Cassidy Bill was introduced but not voted on
    - **Would have provided block grants to states**

## Recent Events

- **Further attempts to repeal or replace ACA are unlikely to be proposed in House or Senate in 2017**
  - “Reconciliation” process expired 9/30/2017 (fiscal year-end)
- **New regulations became effective on 10/6/17 that significantly expanded the types of entities that can claim exemption from ACA contraceptive coverage mandate on religious/moral grounds**

## Recent Events

- **Executive Orders issued 10/12/17 may impact insurance/HRAs**
  - Eliminated cost-sharing reduction payments to insurers that are used to provide subsidies to low-income people
  - Directed federal agencies to consider expanding use/access to association health plans, expanding availability of short-term, limited duration insurance and improving usability of HRAs



## Recent Events

- **Executive Orders do not have force of law vis-à-vis federal agencies**
  - Any proposed regulations would be required to comply with public notice and comment period and must be consistent with current law (ACA)

## Recent Events

- **Now what?**
  - Congress could try to pass another repeal of ACA
  - “Medicare for All” & similar Congressional overhaul proposals
  - Smaller changes to modify ACA
    - **Bipartisan Health Care Stabilization Act of 2017, Brady-Hatch Proposal, Warner-Portman (S.1908)/Black-Thompson (H.R. 3919) Bills, etc.**
  - Executive order to repeal ACA
  - Non-enforcement of ACA
  - Agencies could propose new regulations or issue new guidance
  - Tax reform

## Recent Events

- In the meantime...

- Instability in the insurance markets, especially the Exchanges
  - **Open Enrollment began 11/1/17 through 12/15/17**
- Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) guidance released 10/31/17 IRS Notice 2017-67
- House Ways and Means Chairman Brady and Senate Finance Chairman Hatch officially introduced the Healthcare Market Certainty and Mandate Relief Act (H.R.4200/ S. 2052) on Wednesday (11/1/17).
  - **Eliminate Individual Mandate, Employer Mandate and increase HSA contributions to HSA deductible plus out of pocket limits for periods after 12/31/17 and before 1/1/2023.**
- Tax Reform Bill released 11/2/17
- ACA is still the law of the land, and compliance is required!

## Current ACA Landscape

## Current ACA Landscape

- **No lifetime limits on health FSAs, HRAs or insurance (essential benefits)**
- **Adult children can remain on parent's health plan to age 26**
- **PCOR Fees**
  - Apply to health insurance, HRAs and non-excepted health FSAs
  - **\$2.26** per covered life (for plans ending on or before 9/30/17);  
**\$2.39** (for plans ending 10/1/17-9/30/18) (indexed annually)
  - For health FSAs and HRAs, only count employee; health insurance, count each covered life

## Current ACA Landscape

- **Itemized deduction threshold of 10% for medical expenses**
- **Form W-2 Reporting: 250+ W-2s must provide health plan info.**
  - Value of employer-sponsored health care (not incl. HRAs)
- **Over-the-counter medication prescription requirement**
- **HSA 20% penalty on non-medical expenses**

## Current ACA Landscape

- **Applicable Large Employer (ALE)**
  - Employer who employed (along with members of its controlled group) an average of at least 50 FTEs (including full-time equivalent employees) during the prior calendar year
    - To determine ALE status, look at how many employees worked full-time (at least 30 hrs/wk)
    - Full-time equivalents = 2+ part-timers whose hrs add up to full-time
      - E.g., 2 people work 15 hrs/wk=(2 x 15 = 30)=1 full-time equivalent

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - ALEs must make health insurance coverage available to FTEs
    - **Minimum value**
      - Plan provides minimum value if it covers at least 60% of total allowed cost of benefits expected to be incurred under the plan

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - ALEs must make health insurance coverage available to FTEs
    - **Affordable**
      - Costs employee no more than 9.69% (2017) or 9.56% (2018) of employee's household income
        - » **Safe harbor: use employee's W-2 wages**
        - » **If not affordable, employer penalty of up to \$3,390 (2017) for each FTE that enrolls in Marketplace and gets premium tax credit/subsidy**

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - ALEs must make health insurance coverage available to FTEs
    - **Affordability: New proposed regulations (effective 1/1/17) pertaining to flex credits and cash-in-lieu of health insurance**
      - **Flex credits**
        - » **To count flex credit for affordability purposes, 3 conditions must be met:**
          - Employee may not take flex credit as taxable benefit (i.e., cash)
          - Flex credit must be able to be used to purchase MEC
          - Flex credit may only be used to pay for benefits providing medical care under IRC Section 213

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - Flex credits affordability calculation example:
    - Assume Company A's health insurance premium for employees is \$300/mo. The ALE offers a monthly flex credit of \$200 that can be used toward the **health insurance premium, health FSA or dependent care FSA.**
      - In that case, health insurance premium costs \$300
    - Assume Company B's health insurance premium for employees is also \$300/mo. The ALE offers a monthly flex credit of \$200 that can be used toward **health insurance premiums, dental insurance premiums or the health FSA.**
      - In that case, health insurance premium costs \$100 (\$300-\$200)

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - ALEs must make health insurance coverage available to FTEs
    - **Affordability: New proposed regulations (effective 1/1/17) pertaining to flex credits and cash-in-lieu of health insurance**
      - Cash-in-lieu
        - » **“Conditional”**: an opt-out arrangement conditioned on employee's reasonable evidence of enrollment in other employer-sponsored coverage or evidence they'll have MEC (not incl. individual Marketplace plan) during plan yr for themselves and their expected tax dependents
        - » **“Unconditional”** cash-in-lieu must be added to employee's share of mo. premium for lowest-cost single coverage when determining affordability

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - “Unconditional” cash-in-lieu example:
    - **Company A has 400 employees. It requires its employees to pay \$200/mo. for single coverage but offers them \$150/mo. if they agree to waive the company’s health insurance, without requiring proof that the employee has other coverage.**
    - **Lisa is in excellent health. She has no other health insurance but decides to waive Company A’s health insurance to get the \$150/mo**
      - The IRS would say the cost of health insurance is \$350/mo. ( $\$200 + \$150 = \$350$ ), for purposes of the affordability calculation

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**
  - ALEs must make health insurance coverage available to FTEs
    - **Minimum Essential Coverage**
      - Preventive care mandate
      - MEC must be available to at least 95% of FTEs (30+ hours/wk) and their dependents – otherwise, employer may be subject to penalty

## Current ACA Landscape

- **Employer Shared Responsibility (Pay-or-Play)**

Employer Penalty	2015	2016	2017	2018
IRC §4980H(a) “no offer” penalty	\$2,080/year (\$173/mo.)	\$2,160/year (\$180/mo.)	\$2,260/year (\$188.33/mo.)	\$2,320/year (\$193.33/mo.)
IRC §4980H(b) “unaffordable/ not minimum value coverage” penalty	\$3,120/year (\$260/mo.)	\$3,240/year (\$270/mo.)	\$3,390/year (\$282.50/mo.)	\$3,480/year (\$290/mo.)

## Current ACA Landscape

- **Non-Discrimination Testing**

- Currently necessary for self-insured plans but not insured plans
  - **Enforcement for insured plan testing delayed until guidance issued**
  - **Testing should be done annually, at plan year end**
    - Unofficial testing early in plan year can reveal issues/potential failure
  - **All employers must do testing, even church plans and gov’t entities**



## Current ACA Landscape

- **“Cadillac Tax” (delayed until 2020)**
  - 40% excise tax on amounts of aggregated health benefits in excess of \$10,200 for single coverage and \$27,500 for family coverage (indexed for inflation)
  - Insurance companies liable for excise tax on insured plans
  - Employers/plan sponsors liable for excise tax on self-funded plans
  - Excise tax will be deductible
  - Actual regulations have yet to be issued

## Current ACA Landscape

- **Summary of Benefits and Coverage (SBC)**
  - Statement that health plan does/doesn’t provide MEC and/or minimum value
  - Required for newly-eligible employees and at annual open enrollment for health insurance plans, most HRAs and non-excepted health FSAs
    - **SBC is NOT required for:**
      - Retiree-only HRAs, excepted HRAs (dental & vision only)
      - Excepted health FSAs
      - Dental and vision insurance plans

## Current ACA Landscape

- **Summary of Benefits and Coverage (SBC)**
  - New SBC template finalized on April 6, 2016
    - **Applies beginning on first day of the 1st open enrollment period starting on or after April 1, 2017**
      - For calendar year plans, the open enrollment period relating to coverage starting on Jan. 1, 2018

## Current ACA Landscape

- **Employer reporting**
  - Required to demonstrate compliance with Employer Shared Responsibility Mandate and Individual Mandate and avoid penalties
  - Reporting in 2018 will reflect health plan coverage offered in 2017

## Current ACA Landscape

- Insurance carriers, ALEs and self-insured employers use Forms 1094-B, 1095-B, 1094-C and 1095-C to report info. required under IRS Sections 6055 (enrollment in health coverage) and 6056 (offers of health coverage)
  - Regardless of size, all employers with self-funded health plans must report about those plans on Forms 1095-B and 1095-C
    - No reporting is required, though, for:
      - Excepted health FSAs
      - HRAs that are integrated with major medical insurance plans
      - Excepted HRAs (vision & dental only)

## Current ACA Landscape

- Forms 1095-C
  - Provided to individuals
    - By ALEs, self-insured employers & health ins. carriers
    - Due by **1/31/18**
    - Mailed or provided electronically (if recipient affirmatively consents)
  - Filed with IRS (with 1094-C “cover sheet”)
    - Paper, **2/28/18**
    - Electronic, **4/2/18**
      - Large employers that file 250+ **must** file electronically
      - If can’t file electronically, can apply for waiver by filing IRS Form 8508 at least 45 days before due date of return

## Current ACA Landscape

- **Forms 1095-B**

- Health insurance carriers and self-insured employers (regardless of size) that provide MEC to individuals during a calendar year must file Form 1095-B to report the coverage
- Employers that provide non-integrated HRAs that reimburse more than just dental/vision expenses must provide report to HRA participants and IRS
  - **Retiree-only HRAs, PEB HRAs, HRA participants enrolled in another employer's health insurance plan**
  - **Integrated HRAs are not subject to ACA reporting requirements**

## Current ACA Landscape

- **Forms 1095-B**

- Provided to individuals
  - **Annual statement confirming MEC coverage**
  - **Evidence of compliance with Individual Mandate**
  - **Due by 1/31/18**
  - **Mailed or provided electronically (if recipient affirmatively consents)**
- Filed with IRS (with Form 1094-B "cover sheet")
  - **Paper, 2/28/18**
  - **Electronic, 4/2/18**
    - Large employers that file 250+ **must** file electronically or apply for waiver

## Current ACA Landscape

- **Employer Reporting and COBRA**

- For purposes of Form 1095-C, COBRA coverage offered to a terminated employee isn't reported as offer of coverage even if individual elects COBRA, unless employer is self-insured

## Current ACA Landscape

- **Employer Reporting and COBRA**

- For next calendar year, if employee maintains COBRA but was not an FTE at any time
  - **No 1095-C if fully-insured**
  - **Must issue 1095-C if individual was enrolled in self-funded plan for at least 1 mo. during that year**

## Current ACA Landscape

2017 Penalties for not timely filing or providing Forms 1094 and 1095:

Penalty Type	Per Violation	Annual Maximum	Annual Max. for Employers with \$5 Million or Less in Gross Receipts
General	\$260	\$3,178,500	\$1,059,500
Corrected Within 30 Days	\$50	\$529,500	\$185,000
Corrected After 30 Days but Before Aug. 1	\$100	\$1,589,000	\$529,500
Intentional Disregard	\$520	None	N/A

## Preparing for 2018: Individuals

- **2018 Marketplace open enrollment runs 11/1/17 – 12/15/17**
  - Hurricane victims have until 12/31/17
  - Marketplace open enrollment won't be heavily promoted, and website will be pulled offline weekly for maintenance
  - Individuals who do not enroll timely will not be able to enroll in a 2018 Marketplace plan unless they qualify for a Special Enrollment Period (SEP)

## Preparing for 2018: Individuals

- **SEPs**
  - COBRA: 60-day SEP is created after loss of coverage
    - If QB enrolls in COBRA and later voluntarily drops, no SEP is created
      - Loss of employer COBRA subsidy may/may not create a SEP
    - QB enrolled in COBRA can drop it to enroll in Marketplace during open enrollment; may be eligible for premium tax credit/subsidy

## Preparing for 2018: Individuals

- SEPs

- HIPAA Special Enrollment Events create a 60-day SEP
  - **Examples: birth/adoption of child, marriage/divorce, loss of coverage due to employment termination or reduction in hours**
  - **Marketplace coverage requested prior to 15<sup>th</sup> is effective 1<sup>st</sup> of following mo.; after 15<sup>th</sup>, effective 1<sup>st</sup> of 2<sup>nd</sup> mo. following**
    - Exception: birth/adoption (coverage retroactive to birth/adoption)

## Preparing for 2018: Individuals

- SEPs

- Permitted Election Change Rule (Cafeteria Plans)
  - **Reduction in hours to <30 without loss of eligibility for employer's health plan due to being in Stability Period creates SEP**
    - Employee can drop group health plan and revoke pre-tax election
    - Intent to enroll in Marketplace or individual health insurance no later than 1<sup>st</sup> day of 2<sup>nd</sup> mo. following revoked election
  - **Drop employer-sponsored group plan to enroll in Marketplace coverage at Marketplace open enrollment**
    - Employee can drop group health plan and revoke pre-tax election



## Preparing for 2018: Employers

- **Notice Requirements for Employers:**
  - Women’s Health and Cancer Rights Act (“**WHCRA**”) summary **annually**
  - **Medicare Part D** Notice of Creditable Coverage by **October 15<sup>th</sup>** each year
  - **HIPAA Notice of Privacy Practices** (at least **every 3 years** unless changes)

## Preparing for 2018: Employers

- **Notice Requirement for Employers (cont.):**
  - Children’s Health Insurance Program Reauthorization Act (“**CHIP**”) summary **annually**
  - Summary of Benefits and Coverage (**SBC**) to new hires and annually to all eligible employees during open enrollment
    - **ACA** requires **SBC** be provided with enrollment materials if plan permits participants to change coverage options during open enrollment
  - **Notice of Exchange (Marketplace) Availability:** New hires **within 14 days**

## Preparing for 2018: Employers

- **Notice Requirement for Employers (cont.):**
  - Summary Plan Description (**SPD**)
    - To new plan participants within **90 days** after plan coverage begins
    - Every **5 years** if changes are made or plan is amended
    - Every **10 years** if no changes
  - Summary of Material Modification (**SMM**) must be given to participants when **significant change** is made to terms or coverage

## Preparing for 2018: Employers

- **Notice Requirement for Employers (cont.):**
  - Summary Annual Report (**SAR**) must be provided within **9 mo.** of close of plan year if Form 5500 was filed
  - Initial **COBRA** notice must be provided to new health plan participants and their covered dependents within **90 days** after commencement of coverage under the plan
  - Notice of **HIPAA Special Enrollment Rights** must be provided to eligible health plan participants at or before open enrollment

## Preparing for 2018: Employers

- **Notice Requirement for Employers (cont.):**
  - **Wellness Program** Notices (HIPAA and ADA): before participation
  - **Michelle’s Law** Notice (rare) must be provided in plan materials describing full-time student status for dependent’s plan coverage
  - Notice Regarding **Grandfathered Plan Status** (if applicable)

## Preparing for 2018: Employers

- **Review Grandfathered Plan Status**
  - Grandfathered plans are exempt from some ACA mandates
  - If lose grandfathered status for 2018, make sure plan has any required amendments (patient rights, claims procedures, preventive care without cost sharing limits)
  - If maintain grandfathered status for 2018, continue to provide Notice of Grandfathered Status in any benefit communications and SPDs

## Preparing for 2018: Employers

- **Review Cost-Sharing Limits**

- Non-grandfathered health plans are subject to cost-sharing limits with regard to essential health benefits

- **Cost-sharing includes deductibles, co-insurance, copayments, or similar charges and any other required expenditure that is a qualified medical expense with respect to essential health benefits covered under the plan**

## Preparing for 2018: Employers

- **Review Cost-Sharing Limits**

- Effective for plan years beginning on or after 1/1/2017, ACA out-of-pocket limits on essential health benefits cannot exceed \$7,150 self-only coverage and \$14,300 for family coverage

- ACA out-of-pocket max. cost-sharing for essential health benefits (2018): \$7,350 self-only and \$14,700 family

- **Remember, HDHP limits for HSA compatibility are different (2017: \$6,550 self-only and \$13,100 family) (2018: \$6,650 self-only and \$13,300 family)**

## Preparing for 2018: Employers

- **Review Cost-Sharing Limits**
  - The out-of-pocket maximum for self-only must be applied to each individual even if they are enrolled in family coverage.
    - **Embedded deductibles/out-of-pocket maximums**
  - Check HRA plan designs that may be impacted by new limits

## Preparing for 2018: Employers

- **ACA FAQs issued Dec. 20, 2016 clarify that if an individual loses eligibility for coverage under an individual plan (incl. Marketplace plan) for reasons other than failure to timely pay premiums or fraud, such individual must be given a “special enrollment right” (outside open enrollment) by a group health plan, so long as he/she is eligible to enroll in plan**

## Preparing for 2018: Employers

- **Review Health FSA Plan Design**

- Health FSA elections

- **Health FSA maximum employee election is \$2,600 (2017) and \$2,650 (2018)**

- Per employee, per plan year (indexed annually for inflation)
- Pro-rate for short plan yr (e.g., short yr to align w/health ins.)
- Employer contributions don't count toward maximum limit (unless can be cashed out)
- Rollover does not count toward maximum limit

## Preparing for 2018: Employers

- **Review Health FSA Plan Design**

- Health FSA waiting period

- **Non-excepted health FSA waiting period can't be greater than 90 days.**
- **Waiting period for employer-sponsored medical insurance cannot be longer than waiting period for health FSA**

## Preparing for 2018: Employers

- **Review Health FSA Plan Design**
  - Health FSA interaction with HSAs
    - **Grace Period can impact HSA eligibility until grace/run-out is over**
    - **FSA rollover can impact HSA eligibility for entire next plan year**
    - **Consider adding a limited health FSA**
  - Health FSA cannot be used to pay premiums for individual medical policies or employer-sponsored health insurance

## Preparing for 2018: Employers

- **Review HRA Plan Design**
  - Integration
    - **Employee must be enrolled in employer-sponsored health insurance in order to participate in HRA (unless retiree-only or PEB HRA)**
  - Changing carriers mid-HRA plan yr or transitioning to new medical ins. renewal cycle may result in need to amend HRA to update deductibles, out-of-pocket max., max. reimbursements, etc.
  - No reimbursement of individual medical policies (except retiree-only HRAs)

## Preparing for 2018: Employers

- **Review HRA Plan Design**

- Effective 1/1/17, HRAs can only reimburse expenses associated with family members if they are covered under employer-sponsored medical plan
- Annual opportunity for employees to opt-out
  - **HRAs (other than those consisting solely of excepted benefits) generally constitute MEC and could preclude an individual from receiving a premium tax credit/subsidy on Marketplace**

## Preparing for 2018: Employers

- **Review HSA Program**

- Eligibility
  - **Employer is responsible for ensuring:**
    - Qualified HDHP
    - No employer-provided disqualifying coverage
      - » **HSA-compatible FSAs and HRAs**
      - » **Review new minimum deductible and maximum out-of-pocket limits**
- Catch-up contribution



## Preparing for 2018: Employers

- **Review HSA Program**

– Contributions:

Calendar Year	2017	2018
HSA Maximum Annual Contribution Limit (Self-only)	\$3,400	<b>\$3,450</b>
HSA Maximum Annual Contribution Limit (Family)	\$6,750	<b>\$6,900</b>
HSA Catch-up Contribution Limit	\$1,000	<b>\$1,000</b>
HDHP Minimum Annual Deductible (Self-only)	\$1,300	<b>\$1,350</b>
HDHP Minimum Annual Deductible (Family)	\$2,600	<b>\$2,700</b>
HDHP Maximum Out-of-pocket (Self-only)	\$6,550	<b>\$6,650</b>
HDHP Maximum Out-of-pocket (Family)	\$13,100	<b>\$13,300</b>

## Questions?

**Thank you for attending!!**

Any questions can also be addressed by e-mail or phone:

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