

Benefits & Retirement

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Disclaimer: This presentation is intended for educational purposes only. Please contact your tax and legal advisors regarding situations specific to your district.



Contents

Mandates on Healthcare Spending & Offerings for Michigan Public Schools

Upper Bound Michigan PA-152

Lower Bound

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- The Affordable Care Act
 - Requirements of Applicable Large Employers
 - Tracking & Measurements
 - Minimum Coverage Requirements
 - Enforcement Pay or Play
 - Reporting







What is PA 152

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Publicly Funded Health Insurance Contraction Act

Hard cap on total spending towards employee health plans by public institutions

> Maximum amount the employer can spend

Passed by Michigan state legislator in 2011 and signed into law by Rick Snyder with the intention of limiting the amount of public spending on employee health plans

PA 152 Hard Cap

The default option is a monetary "hard" cap based on the employee's marital and family status

Employees would pick level of coverage and pay the difference if insurance exceeded the "hard cap"

1.3% increase over 2022

- 1P: \$7,399.47 \geq
- 2P: \$15,474.60 \geq
- FF: \$20,180.43 \geq







4.1% increase over 2023

- 1P: \$7,702.85 \geq
- \geq 2P: \$16,109.06
- FF: \$21,007.83 \geq

PA 152 80/20

An employer shall not pay more than 80%
 of the total costs of all medical benefit plans it offers or contributes to for its employees

- > There are specific benefit inclusions and exclusions in the formula
- > Seek legal counsel or tax advice if utilizing the 80/20 split method

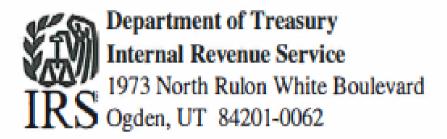








226J Letter Received \$1,715,220.00



Dear Employer,

Proposed ESRP

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

 You did not offer minimum essential coverage (MEC) to at least 95% of your full-time employees (and their dependents) and at least one of your full-time employees was certified as being allowed the PTC; or

Contact Name: 4980H Response Unit Contact ID number: L226J Contact telephone number: 877-571-4712 Contact e-fax number: 877-792-2723 Response date: 1/17/2019

Date:

12/18/2018

Employer ID number:

Tax year:

2016



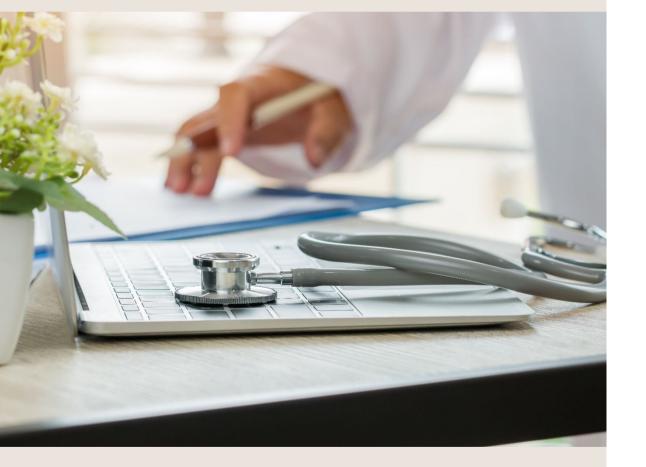
We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

\$1,715,220.00

Letter 226-J (Rev. 1-2018) Catalog Number 67905G

What is the Affordable Care Act (ACA)

>



Passed by the 111th US congress and signed into law by President Obama on March 23, 2010

The purpose of the ACA was to reduce the number of uninsured Americans

The ACA is designed to encourage employers to offer coverage to their employees by assessing fines to employers who don't offer coverage under certain circumstances



How to ensure ACA Compliance

Employer Responsibilities

- > Tracking & employee measurement
 - > Identifying full time employees who must be offered coverage
- > Medical coverage minimum requirements
 - > Determine what kind of medical coverage should be offered
- > Pay-or-play penalties
 - > What happens if requirements aren't met?









ACA Eligibility & Measurements Employee Status

The ACA requires employees to designate all employees as one of the four types:



 \checkmark

Employee is expected to work more than 30 hours per week on an ongoing basis – must be offered coverage by 1st day of 4th calendar month following hire

(Teachers, administrators)

Part-Time

 \searrow

Employee is expected to work less than 30 hours per week on an ongoing basis

Employee is customarily expected to work for 6 months or less

(Food service, paraprofessional)



Seasonal



Variable

Cannot be determined whether employee will work more than 30 hours

(Food service, paraprofessional)



ACA Eligibility & Measurements Measurement Methods for Identifying Full-Time Employees

The **monthly measurement method** determines full-time status for each calendar month based on the employee's hours of service in that month

Advantage: simplified calculations; straight forward administration \geq

Disadvantage: does not allow for forward-looking eligibility determinations which could lead to unexpected penalties if part-time employees aren't >offered plans according to minimum coverage requirements



ACA Eligibility & Measurements Measurement Methods for Identifying Full-Time Employees

The lookback measurement method allows for more consistency and predictability of eligibility month-to-month

- Measurement period (MP): 6-12 month past period of time during which an employee's working hours are tracked and measured
- Administrative period (AP): 6-90 day period of time to complete calculations and offer coverage
 - **Stability period** (SP)*: up to 12 month period of time during which employee's eligibility does not change
- \geq **Initial measurement period**: an employee's first lookback measurement, initiated after hire



Standard measurement period: a defined schedule by which ongoing employees are measured, usually aligned with open enrollment



ACA Eligibility & Measurements Measurement Methods for Identifying Full-Time Employees

Employees hours are tracked and measured for the entire **measurement period**, then, if they measure greater than 30 hours per week, the employer can offer coverage to them during the administrative period and they will be eligible for the entirety of the stability period

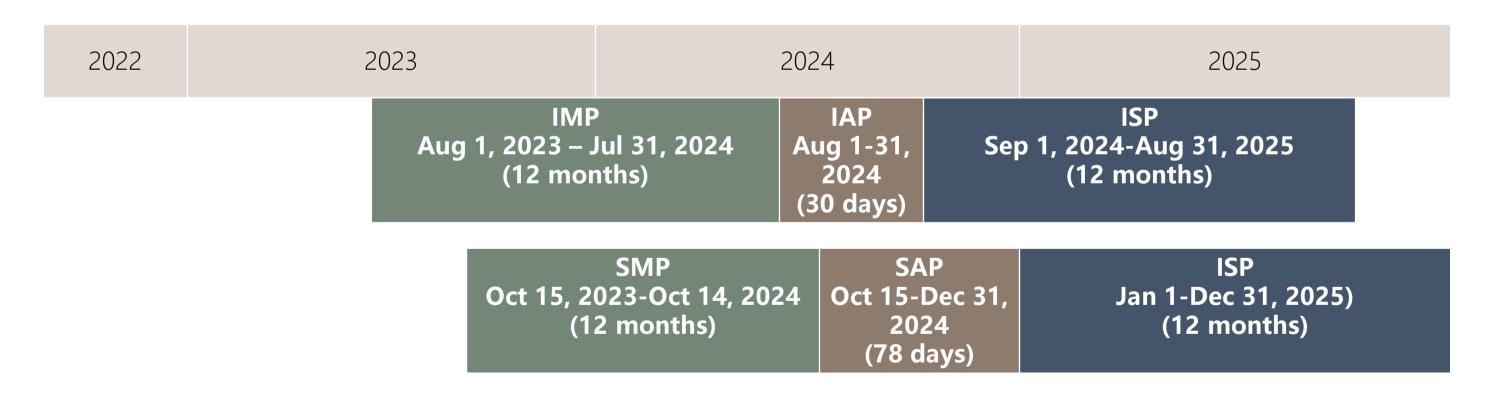
- Advantages
 - Gives employer advanced notice before the period of eligibility begins
 - Makes eligibility and ACA compliance more consistent month-to-month
 - Changes in eligibility can be set to coincide with the medical plan year
- Disadvantage
 - The entire measurement and stability period can last over 2 years, so current eligibility may not align with current working hours or job title



ACA Eligibility & Measurements

Example of IMP, IAP, ISP transition to SMP

New hired employee who started on 7/28/23 (PT, V, S)





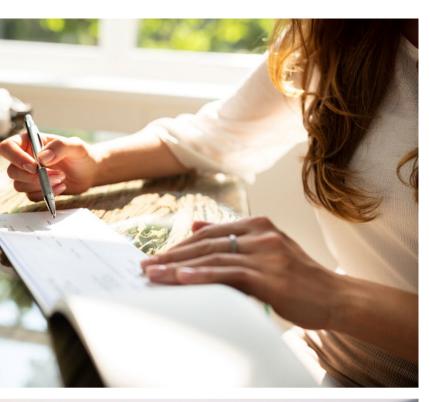
ACA Eligibility & Measurements

Example of Ongoing, SMP, SAP, and SSP

New hired employee who started on 7/28/23 (PT, V, S)

2021	20)22	202	.3	2024
Oct 15, 202	SMP 21-Oct 14, 2022 months)	SAP Oct 15-Dec 31, 2022 (78 days)	ISI Jan 1-Dec (12 mo	31, 2023	
			SMP 022-Oct 14, 2023 2 months)	SAP Oct 15-Dec 31, 2023 (78 days)	ISP Jan 1-Dec 31, 2024) (12 months)











ACA Eligibility & Measurements

Keep record of employees' hours of service

Account for:

- > All employees' payroll hours
- > Hourly employees time sheets for hourly employees
- Salary employees ORS hour equivalency rates
- Bona-fide volunteers hours that an employee is available to the employer
- > Student workers, unless a federal work-study student
- > Board members



Time to Include:

- > Vacation
- > Holiday
- > Personal time
- > Hours worked

ACA Eligibility & Measurements Tracking Eligibility Month-to-Month

New Hires/Rehires/Retirees

Track payroll hours for eligibility

- > Full time offer coverage no later than the 1st day of the 4th calendar month following hire
- Former employees who have not been inactive
 for fewer than 26 weeks could have eligibility
 impacted by previous hours worked
- > Rehired employees that are still considered fulltime should be offered benefits on rehire date

Ongoing Employees

Track payroll hours in measurement periods

Offer coverage effective for the entire stability period to avoid penalties



ACA Eligibility & Measurements Special Requirements for Measurement Periods





Educational Breaks

Qualified Leave of Absences

>

- FMLA
- Military leave
- Jury duty



Employers that are educational institutions cannot penalize employees for not working during an educational break period Modifications must be made to measurements to account for summer breaks

Cannot penalize employees for time away from work due to:

ACA Eligibility & Measurements Measurement Implications for Returning Employees

Rehire Rule

Rehired employees maintain their eligibility and measurement status
 from their previous employment if their period of absence was less than 26 weeks long

PA 184 of 2022 implements a 9-month waiting period between when employees retire and can start working again without forfeiting their pension and health benefits in months they work, which should ease the burden of monitoring ACA compliance for retirees



ACA Eligibility & Measurements Classification Changes

Full-time reclassification to part-time

- >ACA eligible employees must be offered benefits for the complete stability period
 - COBRA offers can sometimes be used to show an employer offered coverage throughout an employee's reclassification
 - See affordability implications in the minimum requirements section \mathbf{i}
- \geq Retirees that are re-hired to the district
 - Rehires/retirees returning to work in a full-time stability period are eligible and should be offered coverage



ACA Terms Minimum Requirements of Medical Coverage

Minimum Essential Coverage

 \checkmark

A health plan that meets IRSdefined minimum benefits such as covering primary care visits at \$0 cost and allows for dependents to enroll

Minimum Value

A health plan that covers 60% of expected medical expenses for a standard population and includes substantial coverage of physician and inpatient hospital services



Affordability

Whether the monthly cost to enroll in the plan exceeds 9.21%* of an employee's monthly household income

> W-2 – box 1 amount per month Rate of pay
> Federal poverty level \$103.28 max monthly premium
> (9.21 * 13,590 FPL/12)

ACA Minimum Requirements of Medical Coverage Two-Tiered System of Employer Responsibility



- with two requirements:
- >



Any employee considered full-time who enrolls in marketplace coverage and receives the premium tax credit (PRT) will trigger a penalty assessment

The assessment will award a fine based on the employer's compliance

Offering minimum essential coverage (MEC) to at least 95% or all but 5 on an employer's full-time population – **4890H(A)**

Offering MEC to all full-time employees that meets both the minimum value and affordability standards – **4890H(B)**

An employer can only ever receive one of the two fines in a given tax year

Fines are assessed in each month of non-compliance

ACA Minimum Requirements of Medical Coverage 4890H(A) Penalty

- >Larger of the two fines
- \$2,880* per employee-per year with 30 employee exemption >
- The most severe \$2,880* annual assessment on every employee is based >on whether employees were offered minimum essential coverage (MEC)
- >Example: Employer with 100 total full-time employees only offers coverage to 94 of them. One of the 6 employees not offered coverage received a marketplace subsidy.

Penalty: (100-30) * \$240 per month * 12 months = \$201,600

*indexed



ACA Minimum Requirements of Medical Coverage 4890H(B) Employer Mandate – Safe Harbor Rules



- the other for six months.

Penalty: 18 total months * \$360 per month = \$6,480

*indexed



The \$4,320* assessment per subsidy-qualifying employee is based on whether the offer of coverage meets three criteria:

Minimum essential coverage must be offered

It must be "affordable" meaning that it can't cost the employee more than 9.12%* (2023) of their household income

It must meet or exceed "minimum value" meaning that it must pat for at least 60% of an average person's average annual medical expenses

Example: Employer has 6 full-time employees not offered affordable coverage. Two of the six get a marketplace subsidy, one for the entire year,

ESRP Penalty Chart

Tax Filing Year

4980H(A) Penalty

Annual Amount

Monthly Amount

Required Med Offer % of Full-Time Population

Full-Time Exemption

4980H(B) Penalty

Annual Amount

Monthly Amount

Affordability Safe Harbor %

Applicable 100%FPL

FPL Affordability Annual Amount

FPL Affordability Monthly Amount

Employer assessments would only be imposed if at least one employee seeks and receives a marketplace subsidy



2023
\$2,880
\$240
95%
30
\$4,320
\$360
9.12%
\$13,590
\$1,239.41
\$103.28
ee seeks and receives a marketplace subsidy

ACA Compliance Strategy Assessment Strategy

- Most employers who offer an employee health plan will work to ensure they avoid the \$2,880 on every employee
 - Some employers may be comfortable with the \$4,320 assessment potentially applying to the marketplace-subsidized employees
 - Often more cost effective than offering coverage >
 - >Can be more favorable to employees as they remain eligible for federal subsidies
- >

>

Structure labor contracts to allow for flexibility to offer MEC to all full-time employees (even if unaffordable or if below minimum value) to avoid A-penalty risk



Part I	Applicable Large Employer Member (ALE Member)	
d Manager	ALE Manuface (Ferral autor)	Π

Form 1094-C	Transmittal of Employer-P		ance Offer and		OMB No. 1545-2251
Department of the Treasury	Coverage I ► Go to www.irs.gov/Form1094		2021		
Part I Applicable La	arge Employer Member (ALE Member)		mormation.		
1 Name of ALE Member (Empl			2 Employer identification number (EIN)		
3 Street address (including room)	m or suite no.)				
4 City or town		5 State or province	6 Country and ZIP or foreign postal code		
7 Name of person to contact			8 Contact telephone number		
9 Name of Designated Govern	ment Entity (only if applicable)		10 Employer identification number (EIN)		
11 Street address (including roo	m or suite no.)			For Offic	ial Use Only
12 City or town		13 State or province	14 Country and ZIP or foreign postal code	-	
15 Name of person to contact			16 Contact telephone number		шшш
17 Reserved					🔲
18 Total number of Form	is 1095-C submitted with this transmittal .				►
19 Is this the authoritativ	e transmittal for this ALE Member? If "Yes," c	heck the box and continue. If "I	No," see instructions		🔲
Part II ALE Member	r Information				
20 Total number of Form	as 1095-C filed by and/or on behalf of ALE Me	mber			►
21 Is ALE Member a mer	mber of an Aggregated ALE Group?				. Yes No
If "No," do not compl	ete Part IV.				
22 Certifications of Elig	ibility (select all that apply):				
A. Qualifying Offer	Method B. Reserved	C. Reserved		. 98% Offer Method	
Under penalties of perjury, I d	leclare that I have examined this return and accomp	panying documents, and to the best	of my knowledge and belief, they a	re true, correct, and co	mplete.
\					
Signature	and Deduction Act Notice and concerns instruct	Title		Date	- 1001.0
For Privacy Act and Paperw	ork Reduction Act Notice, see separate instruct	ions.	Cat. No. 61571A		Form 1094-C (2021

Form 1094-C	1004_C Transmittal of Employer-Provided Health Insurance Offer and					
	Coverage		90 9 4			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form109					
Part I Applicable I	arge Employer Member (ALE Member)					
1 Name of ALE Member (Emp	bloyer)		2 Employer identification number (EIN)			
0 Obert address (ashufas as				-		
 Street address (including ro 	iom or suite no.)					
4 City or town		5 State or province	6 Country and ZIP or foreign postal code			
7 Name of person to contact			8 Contact telephone number			
9 Name of Designated Gover	nment Entity (only if applicable)		10 Employer identification number (EIN)			
11 Street address (including ro	oom or suite no.)			For Offi	cial Use Only	
12 City or town		13 State or province	14 Country and ZIP or foreign postal code			
15 Name of person to contact			16 Contact telephone number		ш	
17 Reserved						
	ve transmittal for this ALE Member? If "Yes," of					
	er Information					
	ms 1095-C filed by and/or on behalf of ALE Me	ember			►	
	ember of an Aggregated ALE Group?				. Yes No	
If "No," do not comp						
22 Certifications of Eli	gibility (select all that apply):					
A. Qualifying Offer	r Method B. Reserved	C. Re	served D	. 98% Offer Metho	d	
Under penalties of perjury, I	declare that I have examined this return and accom	panying documents, and to the	he best of my knowledge and belief, they a	are true, correct, and	complete.	
\		- N				
Signature		Title		Date		
For Privacy Act and Paper	work Reduction Act Notice, see separate instruct	tions.	Cat. No. 61571A		Form 1094-C (2021)	

A. Qualifying Offer Method	B. Reserved	C. Reserved
nder penalties of perjury, I declare that I ha	ave examined this return and accompanying	documents, and to the best of

150119



Form 1094-C (2021)

rait	III ALE Membe		sential Coverage				
			idicator	(b) Section 4980H Full-Time Employee Count for ALE Member	(c) Total Er for AL		
		Yes	No	Employee Count for ALE Member			
23	All 12 Months						
24	Jan						
25	Feb						
26	Mar						
27	Apr						
28	May						
29	June						
30	July						
31	Aug						
32	Sept						
33	Oct						
34	Nov						
35	Dec						

Page 2

Employee Count LE Member	(d) Aggregated Group Indicator	(e) Reserved

6

Form 1094-C (2021)



Employer-Provided Health Insurance Offer and Cov

► Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information

Part I Employee Applicabl 7 Name of employer 2 Social security number (SSN) 1 Name of employee (first name, middle initial, last name) 3 Street address (including apartment no.) 9 Street address (including 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town Part II Employee Offer of Coverage Employee's Age on January 1 All 12 Months Jan Feb Mar Apr May June July 14 Offer of Coverage (enter required code) 15 Employee Required Contribution (see instructions) 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 17 ZIP Code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

1095-C (2021)																	Page 3
			d coverage, check th	e box and enter th	e informatio	on for e	ach ind	lividual	enrolle					employe	е.		
(a) Name of c	overed ind	dividual(s) last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered	lan	Ech	Max	0.00				-	Cont	Oct	Novi	Dee
r i st name, mit		ast name				Jan		Mar		May				Sept			Dec
	If Emplo	If Employer prov	t III Covered Individuals	t III Covered Individuals If Employer provided self-insured coverage, check th (a) Name of covered individual(s) (b) SSN or other TIN	Covered Individuals If Employer provided self-insured coverage, check the box and enter the (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other	Covered Individuals If Employer provided self-insured coverage, check the box and enter the informatic (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for e (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual(s) (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in con- (a) Name of covered individual(s) (b) SSN or other TIN (c) DOB (# SSN or other all 12 months Jan Feb Mar Apr May (b) SSN or other TIN (c) DOB (# SSN or other all 12 months Jan Feb Mar Apr May (c) (c)	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, (a) Name of covered individual(a) First name, middle initial, last name (b) SSN or other TIN (c) DOB (# SSN or other (d) Covered all 12 months Jan Feb Mar Apr May June (e) Months Jan Feb Mar Apr May June (f) Covered all 12 months Jan Feb Mar Apr May June (f) Covered (f)	Covered Individuals: If Employer provided self-insured coverage, check the box and enter the information for each individual encolled in coverage, including (e) BSN or other TIN (e) DOB (r SSN or other TIN (e) Coverad all 12 months (f) Coverad all 12 months (f) Months of coverad all 12 months (a) Name of coverad individual(to) (b) BSN or other TIN (e) DOB (r SSN or other TIN (e) Coverad all 12 months (f) Coverad all 12 months (f) Months of coverad all 12 months (g) Name, middle intitial, last name (g) BSN or other TIN (e) DOB (r SSN or other TIN (g) Coverad all 12 months (g) Coverad al	Image: Construction of the sector of the	Sum Covered Individuals IF Employer provided self-insured coverage, check the box and enter the information for each individual enclude in coverage, including the employer provided self-insured coverage, check the box and enter the information for each individual enclude in coverage, including the employer provided self-insured coverage, check the box and enter the information for each individual enclude in coverage, including the employer provided self-insured coverage, including the employ of the employer provide self-insured coverage provide self-insured coverage, including the employer proverage, including the employer provide sel	Interpretation Covered Individual Coverage, check the box and enter the information for each individual enrolled individual solf-individual solf-individual (0) SSN or other [10 Coverage] Total and the coverage (10 Coverage) Coverage (10 Coverage	Covered Individuals If enployer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employer. (a) Name of coverage (a) Name of coverage (b) SSN or other TIN (c) ODB (f SSN or other fIN) (c) ODB (f SSN or other fIN) (c) Coverad (c) Mar Apr May June July Aug Sept Oct Nov Pirst name, middle initial, last name (b) SSN or other TIN (c) ODB (f SSN or other fIN) (c) Coverad (c) Co

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le La	rge Emplo	yer Membe	er (Er	nploy	/er)				
				8 Em	ployer identific	ation number (EIN)			
g room	or suite no.)			10 Cor	ntact telephone	a number			
	12 State or pro	wince	13 Country and ZIP or foreign postal code						
	Plan Start	t Month (ent	ter 2-0	digit n	umber):				
у	Aug	Sept	(Oct	Nov	Dec			
	\$	\$	\$		\$	\$			

Cat. No. 60705M

Form 1095-C (2021)

LOO320 Page 3									
ployee.									
ept	Oct	Nov	Dec						



ACA Reporting Requirements Fully-Insured vs. Self-Funded Reporting

The reporting requirements vary based on the type of health plan the district offers

Fully-Insured

All employees who are considered full-time for at least one month must >receive a form

Self-Funded

- Any employee covered on the plan must receive a form >
- All dependents enrolled must be reported by month of enrollment >



ACA Enforcement Action Notifications



HHS

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Marketplace Subsidy Notice



IRS

- >226J Letter – ESRP assessment
- >5699 Letter – Failure to file

ACA ESRP Letters IRS 226J Letter

Letter 226-J is the initial notification to large employers of a potential employer share responsibility payment

- \geq 30 days to respond (30-day extension available)
- Gather documents for appeal process \geq
 - 1094-C and 1095-C forms >
 - Offer letter/open enrollment notice \geq
 - Plan documents >
 - Pay and hours records measurement reports >
 - Waiver form
- Seek counsel or guidance from ACA administrator \geq

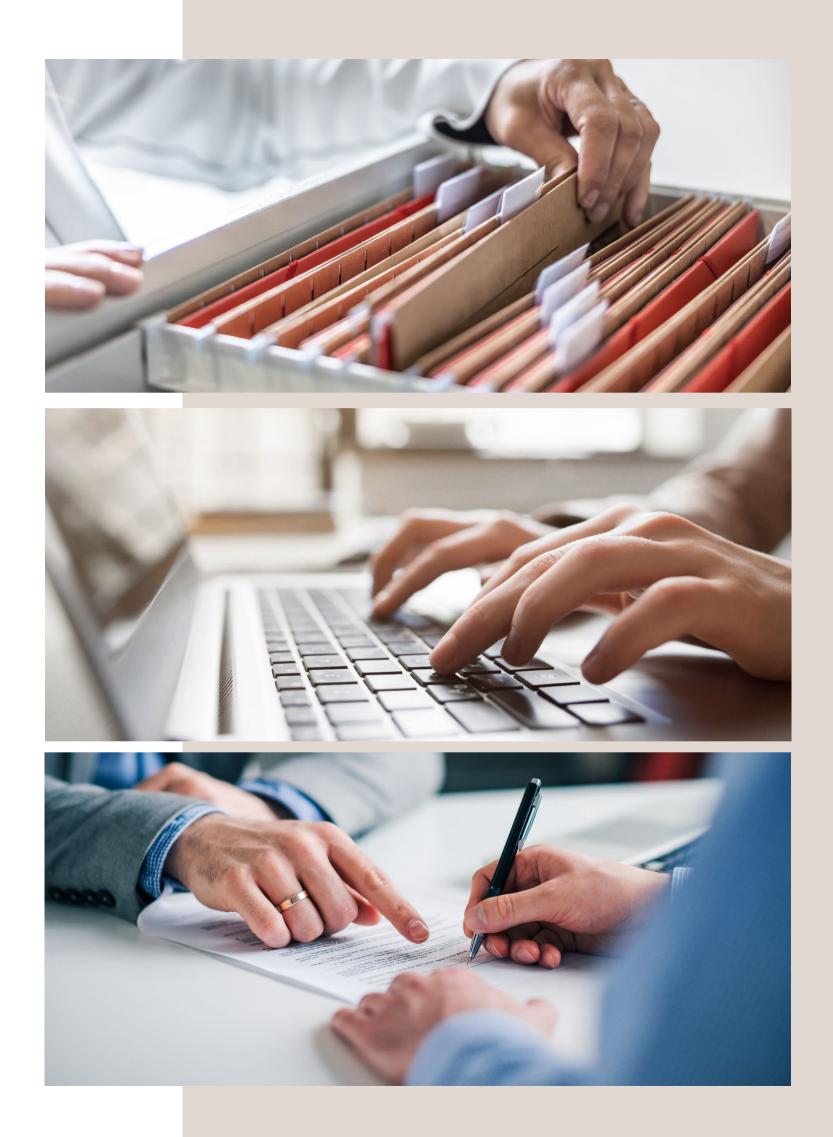


ACA Documentation Important Record Keeping Information

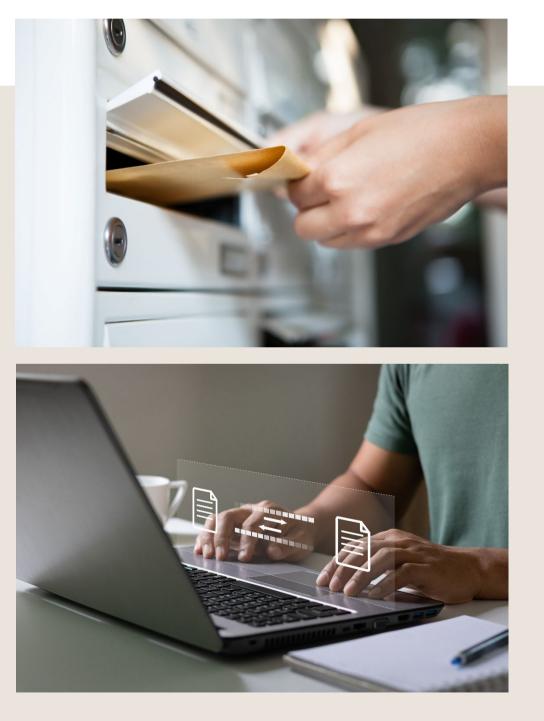
Keep records in a secure place

- Records showing steps taken to comply with ACA requirements, such as plan participation data and communications to employees
- Records of procedures or plan amendments adopted for ACA compliance
- Measurement policies
- Tracking data/proof of regulations applied
- Copies of notices provided
- \geq Hours-of-service data

Lack of Statute of Limitations and lack of Caselaw add uncertainty to enforcement



ACA Deadlines IRS Form Mailing & Filing Dates



- > Mail 1095-C forms to your employees by 3/2
 - Paper file 1094-C and 1095-C forms with the IRS by 2/28
 - Electronical file 1094-C and 1095-C forms with the IRS by 3/31



 \geq

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Beginning in 2024, the IRS will require all ALEs to file their 1095-C forms electronically (e-file)

Failure to File Notice

Schools have begun receiving IRS correspondence regarding missing forms. Here are our most notable findings:

- >This penalty is larger for employer shared responsibility payments
- Good faith only applies for years in which it was available and where forms were submitted on time >
- Working with the IRS to demonstrate willingness to comply is critical
- Forms that were not received within the allotted time will result in additional enforcement efforts by the IRS like assigning an examiner who will institute a penalty case

Letter 5699

The initial notice from the IRS indicating a failure to file required ACA information returns that requires a response within 30 days. Employers may use one of the following responses/defenses:

- Forms were filed under a different EIN >
- Employer did not, but should have, filed forms >
 - Include physical copies if not required to file electronically (250 forms)
 - Indicate when electronic forms will be provided
- Employer was not an ALE
- Other reasons for not filing



Contact Us

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Thank You!

