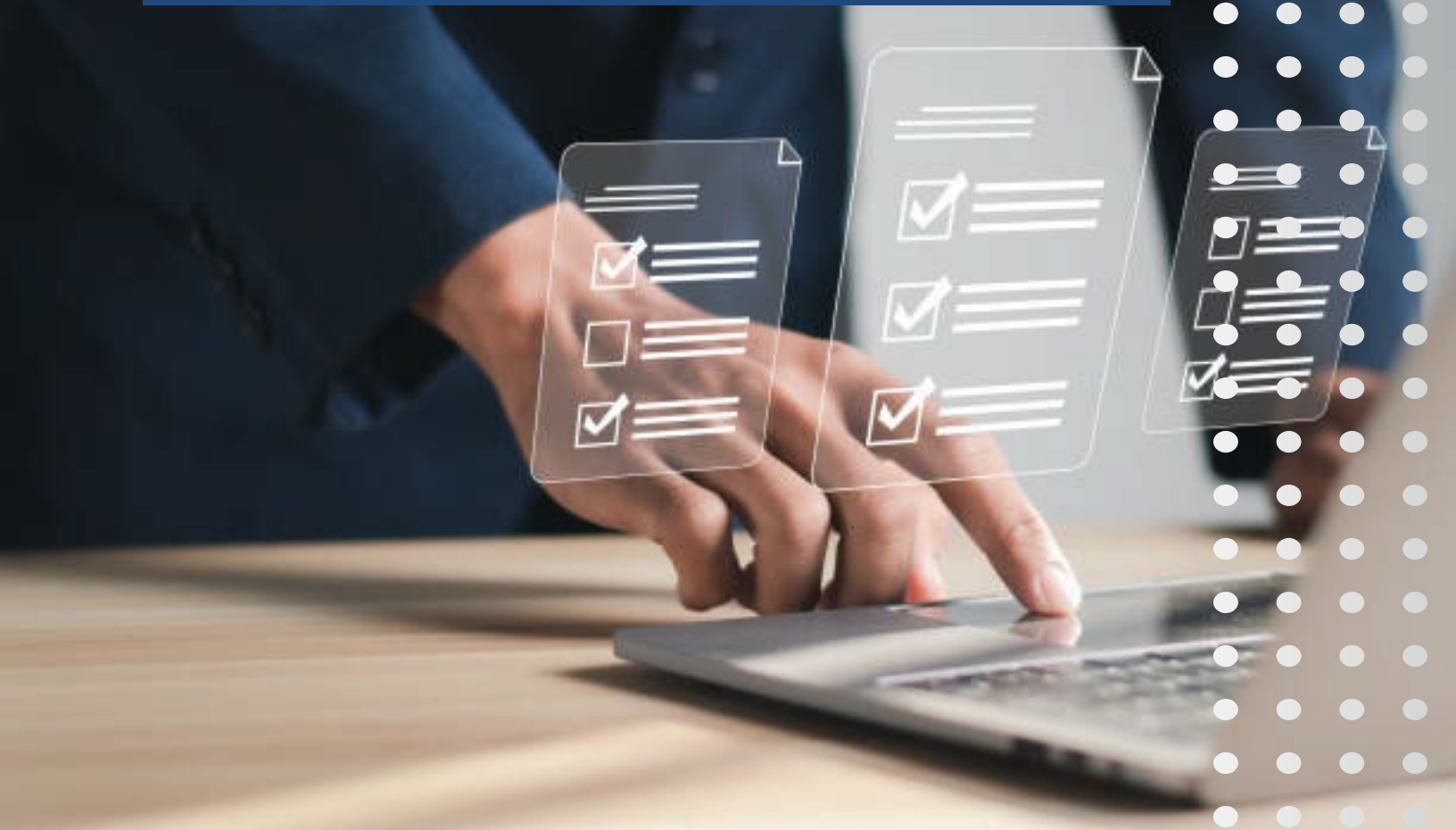


2024 Benefits Open Enrollment Compliance Checklist



Employers sponsoring group health plans may use this sample checklist as a guide to ensure their 2024 calendar year plans comply with plan limits and certain plan design requirements.

2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

2024 Affordable Care Act (ACA) Affordability Standard 8.39%

- Confirm employee contributions for self-only coverage under the lowest plan cost option available do not exceed 8.39% of the employee's household income* for the 2024 tax year.
- Lower employee contribution rates for 2024, as necessary

2024 Cost Sharing Maximum Limits (ACA Compliant Plans*)

- \$9,450 for self-only coverage
- \$18,900 for family coverage

2024 Cost Sharing Maximum Limits (High Deductible Health Plans**)

- \$8,050 for self-only coverage
- \$16,100 for family coverage

2024 High-Deductible Health Plans Minimum Cost Sharing Deductibles

- \$1,600 for self-only coverage
- \$3,200 for family coverage

* Employers can also measure the affordability of their coverage using three different ACA affordability safe harbor methods: 1) Federal Poverty Line (FPL) - \$101.94 per month for 2024; 2) Rate of Pay – for hourly employees, multiply 130 by employee's hourly rate; then multiply that number by 8.39%; for salaried employees, multiply the monthly salary by 8.39%; 3) Form W-2 (Box 1).

**The ACA requires health plans to place annual limits on participants' cost-sharing for essential health benefits (EHBs).

*** Also known as HDHPs compatible with Health Savings Accounts (HSAs).

2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

2024 Health Savings Account (HSA) Annual Contribution Limits*

- \$4,150 for self-only coverage
- \$8,300 for family coverage
- \$1,000 for catch-up contributions (age 55 or older)

2024 Flexible Spending Account (FSA) Annual Contribution Limit

Yet to be announced in November. 2023 FSA limit \$3,050; anticipated limit for 2024 \$3,200

2024 Excepted Benefit Health Reimbursement Arrangement (EBHRA)** Limit

- \$2,100
- \$16,100 for family coverage

* Includes both employee and employer contribution amount limits.

**Employers offer EBHRAs to reimburse the cost of excepted benefits (such as limited-scope dental or vision coverage) as well as short-term, limited-duration insurance plan premiums.



2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

2024 No-Cost Preventive Care Benefits

- ❑ ACA requires non-grandfathered health plans to cover a range of recommended preventive services without participant cost-sharing (i.e., no deductibles, copayments, or coinsurance), often referred to as “first-dollar coverage”.
 - ❑ Confirm plan provides coverage for the [latest recommended preventive care services](#) at first-dollar coverage
- Click [here](#) for a Risk Strategies article with important details on a recent and ongoing ACA preventive services lawsuit.

2024 COVID-19 Vaccines, Testing, and Treatment Coverage

- With the end of the COVID-19 Public Health Emergency on May 11, 2023:
- ❑ COVID-19 vaccines, including booster shots, must be covered without participant cost-sharing, but coverage can be limited to in-network providers only.
 - ❑ Plans may, but are not required to, provide first dollar coverage for COVID tests and related treatment.
- Click [here](#) for a Risk Strategies article with more information.
- ❑ HSA-compatible HDHPs may still rely on prior COVID-related IRS guidance to pay for COVID-19 testing and treatment services before HDHP annual plan deductibles are satisfied for plan years ending on or before December 31, 2024.
- Click [here](#) for a Risk Strategies article with more information.

2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

Telehealth & HDHPs

- HSA-compatible HDHPs may cover telehealth and remote care services on a first-dollar basis or prior to members satisfying their HDHP deductible through the 2024 calendar year plan.
- Since this temporary safe harbor relief is optional, plan sponsors must decide whether to adopt for the 2024 calendar year plan. Click [here](#) for a Risk Strategies article with additional details.

Mental Health Parity – NQTL Comparative Analysis

- The Mental Health Parity and Addiction Equity Act (MHPAEA) require group health plans to conduct comparative analyses of the nonquantitative treatment limitations (NQTLs) used for medical/surgical benefits compared to mental health/substance use disorder benefits.
- Confirm with plan carrier or third-party administrator that NQTL comparative analyses will be updated for the 2024 calendar plan year, as necessary. Click [here](#) for a Risk Strategies update on the MHPAE.

2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

Required Notices*

- Summary of Benefits and Coverage (SBC)
 - Annual Children's Health Insurance Program (CHIP) Notice
 - Medicare Part D Creditable Coverage Notice
 - Women's Health and Cancer Rights Act (WHCRA) Notice
 - Wellness Program Notices, as applicable
- Your eBen/Risk Strategies team members will prepare these notices for you annually.

2024 Plan Changes

- Communicate any plan changes to plan participants through an updated summary plan description (SPD) or a summary of material modifications (SMM).**

*Non-exhaustive sample list of required notices that can be included in open enrollment materials.

**Language detailing plan changes may be included in open enrollment materials with a statement that constitutes SMM.



2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

Medicare Secondary Payer Compliance

- Analysis to determine if Medicare is primary or secondary.
- When to enroll in Medicare Part B
- Penalty \$9,234 per employee + cost for Medicare claims paid on a primary vs. secondary basis

Medicare Part D Certification

As part of the disclosure requirements under Medicare Part D, employer-sponsored group health plans that offer prescription drug coverage to Part D-eligible individuals are required to submit an electronic disclosure notice to the CMS on an annual basis, reporting whether that coverage is creditable or non-creditable.

Patient-Centered Outcomes Research Institute (PCORI)

- PCORI is an independent, non-profit research organization created to help patients and those who care for them make better-informed health decisions.
- The issuer of a specified health insurance policy and a plan sponsor of an applicable self-insured health plan.
 - PCORI fees are due by July 31st each year
 - Fee is \$3.22 for group whose plan years end between October 1, 2023 – September 30, 2024.
 - Penalty for not filing Form 720 in time is 5% of the unpaid tax amount per month, up to a maximum of 25% of the total unpaid tax.

Gag Clause Prohibition Attestation

- Consolidated Appropriations Act of 2021 (CAA) prohibits group health plans and health insurance carriers from entering into agreements with providers, third-party administrators, or other services providers that include language that constitutes a “gag clause”
- Employers are required to file attestation by December 31st of each year
- Penalty \$100 per day per affected individual.

2024 Benefits Open Enrollment Checklist

Compliance Requirement

Action Item

Prescription Drug Data Collection (RxDC)

- Consolidated Appropriations Act, 2021 (CAA), insurance companies and employer-based health plans must submit information about prescription drugs and health care spending.
- Due June 1st of each year.
- Penalty for not filing \$100 per day per participant.

Medical Loss Ratio (MLR)

- This law requires insurance carriers to spend more than certain percentages of every dollar collected in premiums on healthcare services and activities to improve healthcare quality.
- Apply refund toward future premium and/or benefit enhancements
 - Or, refunding each covered employee their portion of the rebate based on the amount of premium paid by that employee for that benefit year (includes COBRA participants).
 - Handling must be recorded in employer's corporate resolution.

