

Benefits Buzz

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DID YOU KNOW

Heart disease is the leading cause of death in the United States, costing billions of dollars each year in health care services, medications and lost productivity.

Fight back against this deadly disease by encouraging your organization to be smoke-free and offering wellness-based incentives.

Also consider taking part in World Heart Day by holding an educational seminar or offering a free health screening on September 29. Refer to www.world-heart-federation.org for tips on how to participate.

Upcoming Health Care Reform Effective Dates and Deadlines

In the wake of the recent Supreme Court decision on health care reform, employers are turning their attention to preparing for imminent health care changes. Read on for a list of the most immediate reforms and how they affect your organization.

Sept. 23, 2012: Summary of Benefits and Coverage (SBC) – Issuers must be ready to provide the SBC to health plans beginning on Sept. 23, 2012. Health plans must provide this document (or have the issuer provide it) to any participants who enroll or re-enroll during an open enrollment period on or after this date. Additionally, they must provide the SBC to participants who enroll in coverage through a means other than open enrollment, beginning with the first plan year that begins on or after this date.

Jan. 1, 2013: \$2,500 Health FSA Limit – Effective for plan years beginning on or after Jan. 1, 2013, employee salary reduction contributions to health flexible spending accounts (FSAs) offered under a cafeteria plan will be limited to \$2,500. The \$2,500 limit will be adjusted for inflation for 2014 and later years.

Jan. 1, 2013: Administrative Simplification – Operating rules for two electronic health care transactions—eligibility for health plan coverage and health care claim status—become effective Jan. 1, 2013. HIPAA covered entities, including health plans, must implement the operating rules for the electronic exchange of health information to reduce paperwork, and administrative burdens and costs.

Jan. 1, 2013: Medicare Payroll Tax Hike – In 2013, a new 0.9 percent Medicare payroll tax will become effective for high-income individuals.

Jan. 31, 2013: Additional Form W-2 Reporting Requirements – On the 2012 W-2 Forms due at the end of January, employers must provide information showing employees how much their health care coverage costs.

Low Copays Linked to Emergency Room Trips

As employers are trying to stress to employees the importance of health care consumerism, a new study shows that shrinking copays may be leading to more ER visits.

The recently released *Medical Trends Report* by HighRoads shows that the average copay for a trip to the ER is only \$76. Due to this relatively low cost and an increase in the number of ER visits nationwide, employees are thought to be seeking emergency services for medical issues that could be treated by a physician.

This is a worrisome trend for most organizations, as misusing emergency services can affect costs for both employees and employers. To prevent this issue, consider educating your employees on the importance of knowing when an ER visit is appropriate. Ask your Brown & Brown Benefit Advisors agent about our employee education resources on this and other consumerism topics.