

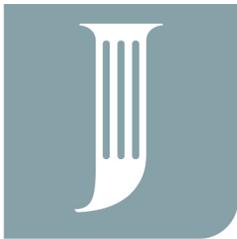
THE JEFFERSON HEALTH PLAN UPDATE

Volume 21/Issue 21 March 2020

WELCOME!

As another way to reach out to current Jefferson Health Plan groups and communicate on issues that directly impact our members, we will be providing updates on what is happening in the consortium.

If you have items that you would like to see in these updates, feel free to let us know!



Jefferson
HEALTH PLAN

Jefferson Health Plan Semi-Annual Membership Meeting

As you are likely aware, the State of Ohio, Center for Disease Control, and other governmental entities have been issuing guidance and emergency orders in response to the developing COVID-19 Coronavirus situation. To comply with state bans on “mass gatherings” and out of concern for the health and safety of all involved, it is necessary to cancel the JHP Semi-Annual Membership Meeting, originally scheduled for April 22, 2020. Please rest assured, this will not impact JHP operations. Arrangements are being made to electronically deliver all renewal packets that are typically provided at the Membership Meeting. These renewal packets will be provided on or before April 22 to ensure there is no impact to your budgetary or Board approval process. If you have any questions, please feel free to contact the Jefferson Health Plan at jhpemployer@thejeffersonhealthplan.org or 740.792.4010 x256.

COVID-19 Legislation Affects Employer-Sponsored Health Plan

Mandated Coverage with No Cost Sharing for COVID-19 Testing

In response to the growing COVID-19/Coronavirus pandemic, Congress passed, and the President signed, the Families First Coronavirus Response Act (FFCRA) on March 18, 2020 (<https://www.congress.gov/bill/116th-congress/house-bill/6201/text>). The FFCRA expands FMLA and sick leave available to employees and provides tax credits to employers providing the leave. The FFCRA also requires employer-sponsored group health plans to provide coverage for COVID-19 testing at no cost to plan participants. This new law is incorporated into the Public Health Service Act, the Employee Retirement Income Security Act (ERISA), and the Internal Revenue Code. As a result, it applies to all employer-based plans, whether they are private, governmental, or church plans. It also applies whether the plans are insured or self-funded. Here are details:

Group health plans and issuers of individual and group health insurance plans (including grandfathered plans) must provide coverage without cost-sharing or pre-authorization or other medical management requirements for the following COVID-19-related testing services:

- FDA-approved, in vitro diagnostic products for the detection or the diagnosis of the virus that causes COVID-19.
- Items and services furnished to an individual during health care provider office visits (including in-person and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of a test for COVID-19.
- The mandate applies only to the extent the items and services relate to the furnishing or administration of the test or to the evaluation of the individual for purposes of determining the need for testing.

COVID-19 Coverage Under High Deductible Health Plans

Many employers also offer high-deductible health plans (HDHP) that can only cover the specified preventive care until an individual or family satisfies the high deductible set by the health plan. On March 11, 2020, the IRS issued Notice 2020-15 (<https://www.irs.gov/pub/irs-drop/n-20-15.pdf>), allowing HDHPs to provide benefits associated with testing for and treatment of the COVID-19 without a deductible, or with a deductible below the applicable HDHP minimum deductible (self-only or family). Under the guidance, a health plan that otherwise meets the HDHP requirements will not fail to qualify as an HDHP merely because it provides medical care services and items related to COVID-19 testing and treatment before the applicable HDHP minimum deductible is satisfied. Thus, individuals can remain covered under HDHPs that provide such benefits on a no- or low-deductible basis without any adverse effect on a health savings account (HSA) eligibility. Furthermore, individuals covered by such health plans may continue to contribute to a HSA. The IRS also noted that any COVID-19 vaccination costs count as preventive care and can be paid for by an HDHP without cost sharing. IRS Notice 2020-15 was released prior to the FFCRA being introduced as a bill. After the enactment of the FFCRA, the coverage of the diagnostic testing is mandated coverage without cost sharing. Employers with HDHPs need to amend their plans to cover the benefit mandates for COVID-19 in the FFCRA without cost sharing as required and must comply with all of the normal requirements for a change in the benefit plan coverage, such as amendment, SMM distribution, and working with the third-party administrator (TPA) and any insurance carrier.

With the latest requirements, it is advisable that member groups consult their TPAs to ensure their plan documents remain compliant with these evolving regulations. Each TPA is likely handling the process differently. Similar to the above, JHP is here to help if they run into issues or require assistance.

JHP EAP COVID-19 Webinars/Podcasts

As part of JHP EAP resources, Beacon has created a new series of live webinars and recorded podcasts regarding the COVID-19. (Invitations were not made client specific due the need for mass distribution). Live webinars will be combined sessions for Managers and Employees as we have an established 3,000 seat capacity. Beacon will post the recorded webinar on your Beacon website 1 day after the live presentation.

Upcoming COVID-19 Webinars: Use the password “training” (without quotes) for registrations. Each webinar is 1 hour and open to all managers and employees. If you are unable to attend the live webinar, a recording will be posted on your Achieve Solutions website within 24 hours.

- **Life in today’s uncertain times** - March 19, 2020, 2 p.m. ET
The uncertainty of our world poses many challenges at work and at home. Increased stress from public health emergencies requires good decision-making skills. Learn how to overcome thinking traps, accept a new norm, and discuss ways to ask for help.
- **Conquering fear and anxiety** - March 24, 2020, 2 p.m. ET
Pretending that fear and anxiety do not exist can actually make things worse. Learn how to realize that fears and anxieties are manageable and controllable by confronting, embracing, and overcoming them. Registrar:
https://balancing.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=balancing&service=6&rnd=0.7503606724146595&main_url=https%3A%2F%2Fbalancing.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000004b12330720d5a617b606cee2fd74886c1bb8dfcc3167c63f66e5a555d5c953847%26siteurl%3Dbalancing%26confViewID%3D155545017765639790%26encryptTicket%3DSDJTSwAAAATo6TittRjipYfk9rd5dW991CrP802LXvEAHcujtCYu4g2%26
- **Thinking traps** - March 26, 2020, 2 p.m. ET
This webinar focuses on how our negative thoughts can decrease our productivity and passions. Learn how to create action plans to overcome them. Registrar:
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Additionally, topical relevant Podcasts (15 minutes or less) have been posted on your Beacon Achieve Solutions website in the new Coronavirus Featured Content Sections (<https://www.achievesolutions.net/achievesolutions/en/jhp/Content.do?contentId=51300>):

- How to talk to kids (young) about COVID – 19
- How to talk to older kids (grades 1-12) about COVID – 19
- Financial uncertainty in uncertain times
- How to keep your family healthy
- How to stay healthy
- When and where to get the right medical advice
- Effective hand washing

CONTACT US

The Jefferson Health Plan

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Steubenville, Ohio 43952

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Legislative Updates: ACA Provisions in FY 2020 Spending Bill

The annual federal spending bill, “Further Consolidated Appropriations Act, 2020 (2020 Spending Bill),” signed into law on December 20, 2019, contains several provisions that affect employer-sponsored benefits plans: ten-year extension of PCORI fees, and a permanent repeal of certain Affordable Care Act (ACA) taxes: Cadillac Tax & Health Insurance Tax:

PCORI Fee Extension: The ACA created the Patient-Centered Outcomes Research Institute (PCORI) to support research on clinical effectiveness. The Institute’s research is funded, in part, by fees paid by health insurance issuers and sponsors of self-funded health plans. The PCORI fee was scheduled to expire for policy or plan years ending on or after October 1, 2019. The last PCORI fee payment was expected to occur on July 31, 2019 (or July 31, 2020 for non-calendar year plans). Sec. 104 of the 2020 Spending Bill extends the PCORI fee for another 10 years, which means that insurers and employers with self-funded health plans must continue paying the PCORI fee until 2029 for calendar year plans and 2030 for non-calendar year plans. The fee amount is indexed yearly to inflation in National Health Expenditures. The current fee, applicable to plan years ending prior to October 1, 2019, is \$2.45 per life covered under a plan. Due to the extension the IRS is expected to issue indexed fees for plan years ending on or after October 1, 2019. As a reminder, some JHP member groups with calendar year plans may have thought they were done with the PCORI fee, will now be again required to file and pay the next fee no later than July 31, 2020. The PCORI fee will be paid and filed using the Form 720. The Jefferson Health Plan will again work with Gilmore, Jasion and Mahler to prepare the Form 720 used for filing the PCORI fee. They will coordinate payment by issuing checks from each member group’s reserve account for the amount of the fee. Filing and payment will be submitted for each member group prior to the July 31, 2020 deadline. JHP member groups will be receiving the completed Form 720 prepared for signature in the coming months.

Cadillac Tax Repeal: The ACA created an excise tax applicable to high-cost health plans, commonly called the Cadillac Tax. Employers who sponsor health plans with an annual cost above the amount defined by the law would pay a 40% tax on the excess plan costs. Although originally intended to take effect in 2013, the Cadillac Tax was immediately delayed until 2018 following the ACA’s enactment. The implementation of the tax was then further delayed twice, first until 2020 then until 2022. The Cadillac Tax is now permanently

repealed by the 2020 Spending Bill and will never go into effect. With the repeal of the Cadillac tax, employers offering generous health plans no longer have to be concerned with being subject to a tax after a certain point.

Health Insurance Tax Repeal as of 2021, but in Effect for 2020: The Health Insurance Providers Fee, also known as HIT (Health Insurance Tax), enacted as part of the ACA, applies to all insurers that offer fully insured health insurance in the marketplaces, the group market, or public programs (such as Medicare and Medicaid). This tax does not apply to employer-sponsored self-funded group medical plans. HIT on insurance companies started at \$8 billion in 2014 and was in place through 2016. Although Congress approved a one-year moratorium for 2017, HIT went back into effect for 2018 before being suspended again for 2019. The 2020 Spending Bill fully repeals the HIT, beginning with the 2021 calendar year, which means that the HIT remains in effect for 2020. As a tax, the fees are non-deductible for federal income tax purposes, and insurance companies typically pass these costs on to employers to make up the difference in the form of premium increases. The return of the HIT tax is particularly important for employers with fully insured group health plans, as it will directly impact their future rates. The Internal Revenue Service on September 3, 2019 published a notice asserting that health insurance companies face a \$15.5 billion tax bill in 2020. In terms of premiums, that \$15.5 billion tax translates to an estimated *2.2 percent increase* in 2020 to the overall premium cost of *fully insured plans*, or annual increases ranging from \$154 to \$479 depending on the enrollee and the type of insurance they have. Clearly, the tax provides a significant incentive for employers to continue their self-funded plans or switch from full-insured to self-funded plans.

Maximum Out-of-Pocket Limits for 2020 Benefit Year

The ACA provides that a non-grandfathered group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under sections 1302(c)(1) and (c)(2). These are known as out-of-pocket (OOP) maximum limits. The US Department of Health and Human Services (HHS) issues annual Notice of Benefit and Payment Parameters (NBPP) providing important guidance related to the ACA marketplaces and various ACA provisions, including OOP maximums. The HHS has announced the inflation-adjusted OOP maximum limits applied to non-grandfathered plans for the 2020 benefit year (<https://www.govinfo.gov/content/pkg/FR-2019-04-25/pdf/2019-08017.pdf>), and released the proposed OOP maximum limits for the 2021 benefit year (<https://www.govinfo.gov/content/pkg/FR-2020-02-06/pdf/2020-02021.pdf>):

	2021 (Proposed)	2020	2019
ACA Maximum Out-of-Pocket	Self-only: \$8,500	Self-only: \$8,150	Self-only: \$7,900
	Family: \$17,100	Family: \$16,300	Family: \$15,800

In Rev. Proc. 2019-25, 2019-22 IRB 1261 (<https://www.irs.gov/pub/irs-irbs/irb19-22.pdf>), the IRS released the inflation-adjusted maximum contribution limits for HSAs, along with minimum deductible and maximum out-of-pocket expenses for HDHPs for calendar year 2020. The table below summarizes those adjustments and other applicable limits:

Type of Limit	2020	2019	Change
HSA Maximum Annual Contribution	Self-only: \$3,550 Family: \$7,100	Self-only: \$3,500 Family: \$7,000	Self-only: + \$50 Family: + \$100
HSA Maximum Catch-up Contribution (age 55 or older)	\$1,000	\$1,000	No
HDHP Minimum Annual Deductible	Self-only: \$1,400 Family: \$2,800	Self-only: \$1,350 Family: \$2,700	Self-only: + \$50 Family: + \$100
HDHP Maximum Annual Out-of-pocket	Self-only: \$6,900 Family: \$13,800	Self-only: \$6,750 Family: \$13,500	Self-only: + \$150 Family: + \$300

Meet the New JHP Team Members

The Jefferson Health Plan would like to welcome Kristin Fischer & Mark Ramos who are joining us to better serve our membership. As our newest Account Manager, Kristin brings with her over 20 years of account management experience in the insurance industry. Most recently Kristin spent 7 years at a regional Northeast Ohio brokerage firm providing client service and support in the large group self-funded market segment. She specializes in renewal review and planning, legislative compliance and employee education and communication. Kristin obtained her Bachelor of Arts degree at Chatham University in Pittsburgh, PA and holds an Ohio Life & Health license. She also served in the U.S. Army Reserves as a Psychological Operations Specialist for 8 years.

Mark Ramos, Underwriter/Consultant, graduated from Seattle Central College with an Associates of Business Administration degree. He has worked in health insurance underwriting and consulting for 12 years.

Service Contact Guide

The Jefferson Health Plan has updated its contact information to better serve members. If members have any concerns, comments, or suggestions, please email or call based on the service contact guide below:

TOPIC	EMAIL ADDRESS	PHONE
Billing	billing@thejeffersonhealthplan.org	740.792.4010 ext.250
Investment (US Bank/ Audit)	invest@thejeffersonhealthplan.org	740.792.4010 ext.251
Legal and Compliance	legal@thejeffersonhealthplan.org	740.792.4010 ext.252
Ohio Valley Pool	ovp@thejeffersonhealthplan.org	740.792.4010 ext.253
Quotes	quotes@thejeffersonhealthplan.org	740.792.4010 ext.254
Employee w/Questions (Wellness & EAP)	jhpmember@thejeffersonhealthplan.org	740.792.4010 ext.255
Employer w/Questions	jhpemployer@thejeffersonhealthplan.org	740.792.4010 ext.256
Renewals/Election Sheets	renewals@thejeffersonhealthplan.org	740.792.4010 ext.254
Moratoria Requests	moratoria@thejeffersonhealthplan.org	740.792.4010 ext.251
Broker w/Questions	broker@thejeffersonhealthplan.org	740.792.4010 ext.257

Upcoming EAP Webinars

Beacon will offer two new webinars—one for managers and one for employees in June. The webinars offer timely, relevant, and reliable information for everyday living, and provide participants the opportunity to submit questions and receive an individualized response via email. Here's how the webinars work:

- Employees can access the 30-minute webinars through a link on the home page of your Achieve Solutions website at www.achievesolutions.net/jhp.
- Once logged in, every user can view the webinar and submit questions. All questions will be triaged to the appropriate person for a quick and timely individualized response. Clinical questions will be directed to a Beacon Care Manager.
- After one month, the webinar link will be removed from the Achieve Solutions home page, and a new one will take its place. The former webinar will be archived on the Achieve Solutions website.

Upcoming Webinars:

June 2, 2 p.m. ET – Dynamics of Change Management: Navigating a changing work environment can be uneasy.

June 10, 2 p.m. ET – Managing Stress: Excessive or chronic stress can lead to decreases in productivity and more.



DID YOU KNOW???

- JHP offers an Infrastructure Loan Program for qualifying members. Contact Account Management for more information
- Over the last 3 years, JHP has helped members save over \$129,335,000.00 in taxes and fees including:
 - a tax savings of \$20,625,000.00
 - an administrative savings of \$99,000,000.00
 - a Rx Rebates saving of \$9,710,000.00



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