AssuredPartners NL

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Open Enrollment Tips

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget.

Many people get tripped up when asked to select benefits for themselves and their families because these decisions can be complicated, and it is often easier to elect the same coverage that you had during the previous plan year. However, last year's coverage may not suit you again, and there may be new plans that better meet your needs. Follow these tips to make the best benefit decisions for you and your family.

- Assess your health and the health of your family members before making any selections. For instance, plans with higher monthly premiums and lower co-payments and deductibles are best for those who will use a lot of health care services over the course of the year. Yet, healthy individuals and families may save a great deal by selecting a plan with low premiums and a high deductible.

- Examine how you allocated benefits last year beyond just health care – retirement, dental, flexible spending accounts, etc. If you invested in some of these benefits in the past and did not use them, consider omitting this time around.

- Attend all company meetings designed to explain new benefit offerings. These venues are great for learning the ins and outs of new plans and changes to existing plans.

- Utilize plan selection and comparison tools. These resources can analyze your claims from the previous year and then determine which plan would be most appropriate in the coming year.

- Before selecting a plan, verify that your doctor and hospital of choice are part of the network of health care providers that are covered. If they are not included, you will pay significantly more for their services.

- Participate in wellness and disease management programs to not only become healthier, but also to receive potential discounts on your health benefits.

- Utilize tax-free benefits such as health savings accounts (HSAs), flexible spending accounts (FSAs) and dependent care spending accounts. These savings vehicles can provide tremendous tax advantages, as contributions are made with before-tax income. Reimbursements from these accounts are also tax-free. They can be used to pay for prescriptions, deductibles and health-related costs that are not covered by your insurance (braces, eye glasses, etc.). HSAs are also a great way to save for future medical costs.

- Are you saving enough to be comfortable during retirement? If not, change your retirement plan withholdings. Don't forget to take advantage of your company match in your retirement account. This is free money for the future.

The best rule of thumb is to make a list of your benefit priorities to determine which plan will serve you best. Then, let the selection process begin.

Emergency Room or Urgent Care

More than 10 percent of all emergency room visits could have been better addressed in either an urgent care facility or a doctor's office. If you're suddenly faced with symptoms of an illness or injury, how can you determine which facility is most appropriate for your condition?

The Emergency Room (ER)

Emergency rooms are equipped to handle life-threatening injuries and illnesses and other serious medical conditions. An emergency is a condition that may cause loss of life or permanent or severe disability if not treated immediately. You should go directly to the nearest emergency room if you experience any of the following:

- Chest pain
- Shortness of breath
- Severe abdominal pain following an injury
- Uncontrollable bleeding
- Confusion or loss of consciousness, especially after a head injury
- Poisoning or suspected poisoning
- Serious burns, cuts or infections
- Inability to swallow
- Seizures
- Paralysis
- Broken bones

Patients at the emergency room are sorted, or triaged, according to the seriousness of their condition. For example, a patient with severe injuries from a car accident would likely be seen before a child with an ear infection, even if the child was brought in first.

Those who go to the ER with relatively minor injuries or illnesses often have to wait more than an hour to be seen, depending on the severity of the other patients' conditions. Often they could have been seen more quickly at an urgent care facility.

Urgent Care

Urgent care centers are usually located in clinics or hospitals, and, like emergency rooms, offer after-hours care. Unlike emergency rooms, they are not equipped to handle life-threatening situations. Rather, they handle conditions that require immediate attention—those where delaying treatment could cause serious problems or discomfort.

Some examples of conditions that require urgent care are these:

- Ear infections
- Sprains
- Urinary tract infections
- Vomiting
- High fever

Urgent care centers are usually more cost-effective than ERs for these conditions. In addition, the waiting time in urgent care centers is usually much shorter. Choosing the appropriate place of care can not only ensure prompt medical attention but will also help reduce any unnecessary expenses.

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Court Orders EEOC to Reconsider Wellness Rules

The U.S. District Court for the District of Columbia has issued a ruling affecting the Equal Employment Opportunity Commission's (EEOC) final wellness rules. In *AARP v. EEOC*, the court directed the EEOC to reconsider its final wellness rules under the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA).

The final rules allow employers to offer wellness incentives of up to 30 percent of the cost of health plan coverage. The court held that the EEOC failed to provide a reasoned explanation for adopting the incentive limit. Rather than vacating the final rules, the court sent them back to the EEOC for reconsideration.

Action Steps

It is unclear how the EEOC will respond to the court's decision—the EEOC may appeal the ruling or reduce the amount of permitted incentives. For now, the EEOC's final wellness rules remain in place.
Due to this new legal uncertainty, employers should carefully consider the level of incentives they use with their wellness programs. Employers should also monitor any developments related to the EEOC's rules.

Final Wellness Rules

Federal laws affect the design of wellness programs, including two laws that are enforced by the EEOC—the ADA and GINA.

- Under the ADA, an employer may make disability-related inquiries and require medical examinations after employment begins only if they are job-related and consistent with business necessity. However, these inquiries and exams are permitted if they are part of a **voluntary wellness program**.

- Under GINA, employers cannot request, require or purchase genetic information. This includes information about an employee's genetic tests, the genetic tests of family members and the manifestation of a disease or disorder of a family member. Like the ADA, GINA includes an exception that permits employers to collect this information as part of a wellness program, as long as the provision of information is **voluntary**.

Neither the ADA nor GINA define the term "voluntary" in the context of wellness programs. For many years, the EEOC did not definitively address whether incentives to participate in wellness programs are permissible under the ADA and, if so, in what amount. On May 16, 2016, the EEOC issued long-awaited final rules that describe how the ADA and GINA apply to employer-sponsored wellness programs. These rules became effective on **Jan. 1, 2017**.

The **final ADA rule** provides that incentives offered to an employee who answers disability-related questions or undergoes medical examinations as part of a wellness program may not exceed **30 percent** of the total cost for self-only health plan coverage.

The **final GINA rule** clarifies that an employer may offer an incentive of up to **30 percent** of the total cost of self-only coverage to an employee whose spouse provides information about his or her current or past health status as part of the employer's wellness program.

Court Decision

On Aug. 22, 2017, the U.S. District Court for the District of Columbia ruled against the EEOC and remanded the final wellness rules back to the agency for reconsideration. In this case, the AARP argued that the 30 percent incentive limit is inconsistent with the voluntary requirements of the ADA and GINA, and that employees who cannot afford to pay a 30 percent increase in premiums will be forced to disclose their protected information when they would otherwise choose not to do so.

The EEOC identified numerous reasons for why it adopted the 30 percent incentive limit. However, the court concluded that the EEOC's basis for establishing this incentive level was not well reasoned and not entitled to deference from the court. Rather than vacating the rules altogether, however, the court remanded them to the EEOC for reconsideration.