

HOW TO ROCK ENROLLMENT!

Do we need to hold Open Enrollment?

It's not required under ERISA for welfare plans, but it's a good idea. Rules require that employers provide necessary forms and instructions to plan participants if the Plan requires enrollment. This means communication! An employer does, however, have discretion in how they conduct OE.

Who receives OE materials?

- All eligible employees
- COBRA qualified beneficiaries
- Active employees
- New hires
- Retirees
- Spouse, domestic partner, or dependent of deceased retiree participants
- Employees on leave: FMLA, USERRA, disability, etc.
- QMCSO alternate recipients, guardians, or legal reps
- Guardians or reps of incapacitated persons

What to distribute:

- Benefit Plan(s) Details
- Prescription Drug Benefits
- COBRA
- Medicare Part D
- Required annual notices (See detailed list)

Reminders!

- ERISA requires plan documents and SPDs to include information about OE.
- Various notices may “piggyback” OE materials.
- Medicare Part D Creditable Coverage Notice must be provided by October 15th.
- The SBC must be furnished with OE materials & provided prior to renewal.
- If an employee becomes eligible for the plan after the distribution of annual notices, the employee should be given the notice on or before enrollment in the plan.
- COBRA participants can change coverage during OE to the SAME extent as an active employee.

ENROLLMENT CHECKLIST

Open Enrollment Process

- ☐ Confirm details of all Plan(s) offered
- ☐ Determine which EEs are eligible for which plan(s)
- ☐ Verify spouse, domestic partner, or dependent partner plan eligibility
- ☐ Decide what information to collect during enrollment
- ☐ Update and distribute plan documents: SPD, SBC, and SMM are applicable
- ☐ Draft enrollment forms
- ☐ Draft required notices and update existing notices
- ☐ Create benefit summaries
- ☐ Distribute enrollment kits & collection forms
- ☐ Confirm benefit elections
- ☐ Integrate enrollment information
- ☐ Review enrollment results

Notices to Distribute

- ☐ WHCRA
- ☐ CHIPRA
- ☐ ACA Grandfathered Plan (if applicable)
- ☐ Medicare Part D (by Oct. 15th)
- ☐ Summary of Benefits & Coverage (SBC)
- ☐ Wellness Plan ADA Notice
- ☐ Non-discrimination notice
- ☐ HIPAA Wellness Program Notice (alternative standard for earning incentive)
- ☐ Notice of patient protection (for plans requiring designation of a PCP)
- ☐ Summary Annual Report
- ☐ Michelle's Law Notice
- ☐ HIPAA Opt-Out for Self-funded, non-governmental plans
- ☐ COBRA (similarly situated individuals)
- ☐ Flexible Spending Account (FSA) Rx reimbursement reminders
- ☐ Summary of Material Modifications (if applicable)
- ☐ HIPAA Notice of Privacy Practices (every 3 years or due to a change)
- ☐ HIPAA Special Enrollment Rights
- ☐ Summary Plan Descriptions (update & restate)
- ☐ Coverage notice (exchange options)
- ☐ Breach of unsecured PHI (as applicable)
- ☐ Adverse Benefit Determination (claim denial)
- ☐ Recession of coverage (retroactive term/change)
- ☐ MCSO or NMSN (Medical Child Support Notice)

LIMITS & ANNUAL FEES

| HEALTH PLAN LIMITS | 2025 | 2024 |
|---|--|--|
| Health FSA Annual Contribution Maximum Each year the maximum FSA salary reduction is indexed to the Consumer Price Index | Per Employee: \$3,300 | Per Employee: \$3,200 |
| Health FSA Rollover Maximum (if plan permitted) This represents the maximum amount that can be carried over from the previous year into the year listed on the right. | 2023 to 2024: \$610 2024 to 2025: \$640 | 2023 to 2024: \$610 2024 to 2025: \$640 |
| HSA Annual Contribution Maximum HSA contributions from all sources cannot exceed certain annual limits prescribed by the IRS and adjusted annually for inflation. | Self-Only Coverage: \$4,300 Family Coverage: \$8,550 | Self-Only Coverage: \$4,150 Family Coverage: \$8,300 |
| HDHP Minimum Annual Deductible An HDHP is a health plan that has statutorily prescribed minimum deductible and maximum out-of-pocket limits. | Self-Only Coverage: \$1,650 Family Coverage: \$3,300 | Self-Only Coverage: \$1,600 Family Coverage: \$3,200 |
| HDHP Maximum Annual Out-of-Pocket Expenses An HDHP is a health plan that has statutorily prescribed minimum deductible and maximum out-of-pocket limits. | Self-Only Coverage: \$8,300 Family Coverage: \$16,600 | Self-Only Coverage: \$8,050 Family Coverage: \$16,100 |
| ACA Annual Out-of-Pocket Maximums | Self-Only Coverage: \$9,200 Family Coverage: \$18,400 | Self-Only Coverage: \$9,450 Family Coverage: \$18,900 |
| Excepted Benefit HRA | Maximum Annual Contribution: \$2,150 | Maximum Annual Contribution: \$2,100 |
| QSE HRA Maximum Reimbursement | Not Yet Released by IRS | Self-Only Coverage: \$6,150 Family Coverage: \$12,450 |

| EMPLOYER SPONSORED HEALTH PLAN AFFORDABILITY LIMITS | 2025 | 2024 |
|---|-----------------|-----------------|
| Plan Year Federal Poverty Line - 1 Person Household | \$15,060 | \$15,060 |
| Affordability Percentage | 9.02% | 8.39% |
| Maximum Monthly Contribution | \$113.20 | \$103.83 |

| HEALTH PLAN FEES - PCORI FEE | Applicable Dollar Amount |
|--|--------------------------------|
| Policy and plan years ending on or after October 1, 2024, and before October 1, 2025 | \$3.47 per covered life |