

January 2016

# Regulatory Updates

*Regulatory Updates* is an online news series designed to help you understand pertinent regulatory requirements and how they may affect your plan and plan members, and help you make informed decisions.

## Transitional Reinsurance

**Updated Contributions Filing Manual** is designed to assist a Contributing Entity in performing the required steps that address common filing discrepancies discovered through a review of a filed [2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions Form](#) and any supporting documentation.

**Reinsurance Fee** – 2016 is planned to be the last year for the reinsurance fee. The reinsurance fee was established to stabilize premiums covered in the individual Health Insurance Marketplace from 2014 through 2016.

**For the 2015 benefit year**, the Department of Health and Human Services will offer contributing entities the option to pay the entire 2015 benefit year contribution in one payment no later than **January 15, 2016**, reflecting \$44 per covered life; or in two separate payments for the 2015 benefit year, with the first remittance due by **January 15, 2016**, reflecting \$33 per covered life, and the second remittance due by **November 15, 2016**, reflecting \$11 per covered life.

**Tax-exclusion cap equal for parking, transit benefits**  
Tax-exclusion cap now equal for parking, transit benefits  
As part of an omnibus spending and tax bill that was signed into law on December 18, the tax-exclusion cap was increased for mass-transit benefits for 2016 to be equal to the parking benefit.

The monthly maximum that can be contributed to the commuter transportation spending account is increasing to \$255.

## Cadillac Tax delayed for two years

President Barack Obama recently signed a budget that includes a delay in the Cadillac Tax for an additional two years. The Cadillac Tax is a 40 percent, non-deductible excise tax on employer-sponsored health coverage that provides high-cost benefits.

The legislation also suspends the medical device tax until December 31, 2017.

## Covering Preventive Services

**Preventive services** - Non-grandfathered group health plans (self-funded and fully insured) are required to cover preventive services at no cost sharing, subject to reasonable medical management, when the services are rendered by an in-network provider. The government has updated the USPSTF A and B Recommendations list with the following:

Added a new item

- High blood pressure in adults: screening

Updates for the following:

- Blood pressure screening in adults
- Diabetes screening
- Tobacco use counseling and interventions: nonpregnant adults
- Tobacco use counseling: pregnant women

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**For more information**

To learn more about how Independence Administrators can support you in complying with the requirements of relevant regulations and the Affordable Care Act, please contact your Independence Administrators account representative.

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