

A little about our practice...

- We assist clients with design, implementation and ongoing compliance of retirement and welfare plans.
- We assist clients identify and work with health
 & welfare and retirement vendors.
- Provide support for payroll and payroll tax compliance related issues.

What we'll cover today...

- We will cover current issues and planning opportunities we are seeing related to:
 - Health Care Reform Reporting
 - MPSERS Reforms
 - Other issues
 - PA 152, PA 106, Deferred compensation issues

- The health care reform legislation adds a number of reporting obligations for employers, insurers and health plans
 - W-2 reporting
 - Self-insured plan participant-level reporting
 - Minimum essential coverage reporting

Health Care Reform

W-2 Reporting

- Employers must report the "aggregate cost" of "applicable employer-sponsored coverage"
 - Required only if you issue 250 or more Forms W-2
- Beginning with Forms W-2 issued in January 2013
- "Applicable employer-sponsored coverage" generally means benefits excluded from income under IRC 106, or that would be excluded from income if paid by the employer

- W-2 Reporting
 - Exceptions include
 - Long-term care
 - Stand-alone vision or dental coverage
 - Certain excepted benefits (e.g., accident, etc.)
 - HRA benefits (transitional)
 - Salary reductions under a health FSA

- W-2 Reporting
 - Employers should be...
 - Tracking amounts to be reported
 - Working with TPA's, agents, etc. to determine the amount to be reported
 - Coordinating with payroll providers to ensure appropriate amounts are reported

- Health care reform requires any person who provides "minimum essential coverage" to an individual to report certain information to the IRS
 - Beginning on or after January 1, 2014 (first report to be filed in 2015)
 - Generally applies to insurance carrier
 - However, applies to employers in the case of selfinsured plans
 - We are still awaiting guidance

- Health care reform requires <u>employers</u> to report to the IRS whether they offer their employees "minimum essential coverage"
 - Beginning on or after January 1, 2014 (first report to be filed in 2015)
 - Generally applies to any "large" employer (i.e., 50 or more full time employees)
 - We are still awaiting guidance

MPSRS Reforms

- Public Act 300 is expected to shrink the longterm unfunded liabilities facing MPSERS by more than \$15 billion
 - State projections indicated that without changes,
 retirement cost would top 35 percent of payroll by 2016
 - Changes include increased employee contributions and limits choices available for employees and changes to retiree health
 - Litigation is pending...stay tuned

MPSRS Reforms

- Employee options include
 - Maintain current calculation but pay a higher rate
 - Pay a higher rate until 30 years of service then revert to current rate and a multiplier of 1.25 on years over 30
 - Maintain current contribution and earn a 1.25% future service credit
 - Freeze current pension and move to dc plan (4% employer contribution)
 - Litigation is pending...stay tuned

Other Issues

- Michigan Public Act 152 limits public employer's expenditures for employee medical benefit plans
 - Generally an 80% hard cap of the total annual costs
 - Employers should have already incorporated this change
 or with the next collective bargaining agreement
 - Employers should consider providing lower cost options (e.g., qualified high deductible plans with HSA component)

Other Issues

- Michigan Public Act 106 still applies
 - Now includes proof of compliance
 - Requires bids from at least 4 carriers (including 1 VEBA) at least every 3 years
 - Remember, the Act does not require employers to act on bids
 - There may be different methods of complying with the Act to minimize work and associated direct/indirect costs of compliance

Other Issues

- Deferred compensation arrangements
 - 457(b) opportunities and pitfalls
 - 457(f) opportunities and pitfalls

Questions?

