

COMPLIANCE

ComplianceWeekly

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Hamilton Insurance Agency

Supreme Court Rejects Contraceptives Mandate for Some Corporations

The Supreme Court ruled on Monday that requiring family-owned corporations to pay for insurance coverage for contraception under the Affordable Care Act violated a federal law protecting religious freedom.

The 5-to-4 decision, which applied to two companies owned by Christian families, opened the door to challenges from other corporations to many laws that may be said to violate their religious liberty.

Justice Samuel A. Alito Jr.,

ACA Final Rules on Orientation Periods

The Departments of Treasury, Labor and Health and Human Services published final rules on June 25, 2014 clarifying the interaction between a group health plan's eligibility criteria and the Affordable Care Act's (ACA) 90-day limit on waiting periods. Specifically, the final regulations address an employer's ability to require new employees to satisfy a "reasonable and bona fide employment-based orientation period" before starting a group health plan's waiting period.

Background

The Affordable Care Act prohibits group health plans from applying any waiting period for health coverage that exceeds 90 days. Final regulations issued in February 2014 defined a waiting period as the time that must pass before coverage for an individual who is "otherwise eligible to enroll" under the plan terms can become effective. For this purpose, being "otherwise eligible to enroll" under the plan terms means the individual has satisfied the plan's substantive eligibility terms, such as being in an eligible job classification, achieving job-related licensure requirements specified in the plan terms, or satisfying a reasonable and bona fide employment-based orientation period.



writing for the court's five more conservative justices, said a federal religious-freedom law applied to for-profit corporations controlled by religious families. He added that the requirement that the companies provide contraception coverage imposed a substantial burden on the companies' religious liberty. He said the government could provide the coverage in other ways.

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Smoker and Non-Smoker Premiums



Is it legal for an employer to charge smokers a higher percentage of the group medical premium than nonsmokers? While health care costs associated with employee smoking may contribute to higher costs for group health plans, employers need to be very careful about imposing different requirements on plan participants. The following is a summary of some of the key issues related to establishing premium differentials between smokers and nonsmokers.

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The final regulations published on June 25, 2014 address the orientation period eligibility condition and apply to group health plans and insurers for plan years beginning on or after January 1, 2015.

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****IRS ALERT****

IRS Upcoming Deadlines

Here are some important dates in the upcoming months. Most of the deadlines are for calendar-year plans; non-calendar-year plans must adjust the dates.

July 15: make second quarter contributions to 2014 calendar-year defined benefit plans.

July 31: File:

- Form 5500, Annual Return/Report of Employee Benefit Plan;
- Form 5500-SF, Short Form Annual Return/Report of Small Benefit Plan; or
- Form 5500-EZ, Annual Return of One-Participant (Owners and Their Spouses) Retirement Plan.
- Form 8955-SSA, Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits.
- Form 5558, Application for Extension of Time To File Certain Employee Plan Returns, for a 2 1/2 month extension for any of the above forms.



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