

Communicating With Employees During Open Enrollment

Open enrollment can be a hectic time for both employers and employees. Between budgeting and anticipating needs, both sides can become overwhelmed when choosing a benefits package that balances cost and value. Amidst the stress of research and deadlines, communication is the critical component that will help both parties reach a satisfactory conclusion.

With that in mind, here are some helpful suggestions to use employee communication to your maximum advantage:

1. Understand workforce benefit needs. Consider surveying your employees to gauge their satisfaction with current options and ask what they are looking for in terms of benefits. Compare this information to plan utilization trends. When combined, this data should tell you what employees value and what they don't, while possibly identifying benefits employees want but didn't know they had.
2. Customize benefits and information resources to the life stages of your employees, instead of taking a one-size-fits-all approach. For instance, if you employ a large older population, feature more retiree benefits and long-term care insurance.
3. Start talking about enrollment early. Provide plan details several weeks before the enrollment deadline. Avoid using insurance and benefits industry jargon as much as possible, and present information in easy-to-understand terms. Explain the difference between general and voluntary benefits. Provide sources for additional information, as well as contact information for employee questions. Consider featuring employee stories about the impact benefits have had on their lives.
4. Repeat information. Conduct meetings and seminars and offer calculators, intranet education information and benefit fairs. If your organization is smaller, conduct one-on-one meetings with employees to determine exactly the type of information they need.
5. Maintain all Summary Plan Descriptions on your website, rather than directing employees to the insurance carrier site for information.

DID YOU KNOW

Instructions for the forms to be used for health coverage reporting under the Affordable Care Act are now available, along with Q&As on the reporting rules, which are found in Code Section [6055](#) and [6056](#).

The [Instructions for Forms 1094-B and 1095-B](#) will be useful for entities reporting minimum essential coverage under Section 6055, such as health insurance issuers and self-insured plan sponsors that are not applicable large employers (ALEs). The [Instructions for Forms 1094-C and 1095-C](#) will be used by ALEs that are reporting under Section 6056, as well as for combined reporting by ALEs with self-funded plans.

The forms and instructions are draft versions only, and they should not be relied upon or used for filing. Both the forms and instructions will be finalized later this year.

New Rules on Contraception for Religious Employers

On Aug. 27, 2014, the Departments of Labor (DOL), Health and Human Services (HHS) and the Treasury published two separate rules in response to the recent U.S. Supreme Court decisions regarding contraception coverage under the Affordable Care Act. The rules pertain to both nonprofit and closely held for-profit organizations.

The ACA's contraceptive coverage mandate generally requires non-grandfathered health plans to cover certain women's preventive health services without cost-sharing, but provides special exceptions for certain religious organizations.

The [interim final rule](#) maintains the existing accommodation for certain religious nonprofit organizations and also creates an additional pathway for eligible organizations to provide notice of their objection to covering contraceptive services.

An additional [proposed rule](#) would extend the same accommodation that is available for nonprofit religious organizations to certain closely held for-profit companies.