Assess Benefit Offerings for Compliance

The United States government provides tip sheets and resources to support employers in sharing information about federally legislated benefits with their employees. This document includes a brief description of relevant legislation and links to regulations and resources.

Note: This document and the information in it does not constitute legal advice. It is not an exhaustive list of all polices regarding benefits.

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (PPACA), commonly shortened to the Affordable Care Act (ACA) is a comprehensive health care reform law enacted in March 2010. The law includes mandates for individuals to have health coverage as well as requirements for employers to offer health insurance. Large employers (50 or more full-time employees) are required to provide affordable coverage for employees, and state Health Insurance Marketplace Exchanges and government subsidies were established for employees of small organizations.

For more information on Health Insurance Marketplaces and ACA, click <u>HERE</u>.

For information and recommendations how ACA provisions can support the wellness of K-12 students, click <u>HERE</u>.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

COBRA requires group health plans to offer temporary continuation coverage to covered employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to qualifying events including:

- Covered employee's death
- Covered employee's job loss or reduction in hours for reasons other than gross
 misconduct
- Covered employee's becoming entitled to Medicare
- Covered employee's divorce or legal separation
- Covered employee's loss of dependent status under the plan

Employers may require individuals to pay for COBRA continuation coverage. COBRA applies to health plans sponsored by state and local governments as well as all private-sector group health plans maintained by employers with at least 20 employees.

TIP: Pay special attention to the timing of required notifications of coverage and notifications of qualifying events.

For more information on COBRA, click HERE.



Disability Benefits

Social Security pays disability benefits to people who are unable to work due to a medical condition that is expected to last at least one year or result in death. Employees can check to see if they qualify and learn more about social security disability benefits <u>HERE</u>.

Individuals who participate in a state retirement system may be eligible for disability benefits. To learn more, visit their websites.

- Ohio Public Employees Retirement System (OPERS)
- <u>School Employees Retirement System of Ohio (SERS)</u>
- <u>State Teachers Retirement System of Ohio (STRS)</u>

Discrimination

The Age Discrimination in Employment Act (ADEA), the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, the Equal Pay Act (EPA), and the Genetic Information Nondiscrimination Act (GINA) require employers to provide benefits in a non-discriminatory manner. In general, employers may not deny benefits or offer lower benefits based on age, disability, race, color, sex (including gender identify, sexual orientation, and pregnancy), national origin, religion, or genetic information. Employee benefits include sick and vacation leave, insurance, access to overtime as well as overtime pay, and retirement programs.

- Title VII also prohibits employers from excluding pregnancy, childbirth, or related medical conditions from their medical plans.
- ADEA establishes limited circumstances under which a lower level or duration of benefits may be provided older employees, but only if the cost of providing the reduced benefits is the same as the cost of providing benefits to younger workers.
- ADA permits employers to make certain disability-based distinctions in benefits.

For more information, see the Employee Benefits section of the EEOC Compliance Manual.

Employee Retirement Income Security Act of 1974 (ERISA)

ERISA sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.

For more information on ERISA, click HERE.

Family Medical Leave Act of 1993 (FMLA)

FMLA requires covered employers to provide eligible employees job-protected and unpaid leave for qualified medical and family reasons.

FMLA Fact Sheet produced by the U.S. Department of Labor.

For more information on FMLA, click <u>HERE</u>.

Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA protects individuals from discrimination in group health plan coverage and employment decisions based on their genetic information. It also prohibits employers from requesting, requiring, or purchasing genetic information about applicants or employees.

GINA Fact Sheet produced by the U.S. Department of Labor.

For more information on GINA, click <u>HERE</u>.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA protects the privacy and security of certain health information. The Privacy Rule establishes national standards to protect individually identifiable health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. In addition, the Security Rule sets national standards to protect the confidentiality, integrity, and availability of electronic protected health information.

For more information on health information privacy, click HERE.

Medicare

Medicare is the federal health insurance program for people who are 65 or older and certain younger people with disabilities or specified illnesses (e.g., Lou Gehrig's disease/ALS, permanent kidney failure).

Learn more about Medicare.

To access the official U.S. government website for Medicare, click <u>HERE</u>.

Medicaid

Medicaid is an assistance program for low-income patients' medical expenses. Information on Medicaid and Children's Health Insurance Program in Ohio can be found <u>HERE</u>.

Note: Medicaid is federally required, but regulated at the state-level

Social Security

Social Security helps older Americans, workers who become disabled, and families in which a spouse or parent dies.

For more information on Social Security, click HERE .

Unemployment

The Federal-State Unemployment Insurance Program provides unemployment benefits to eligible workers who are unemployed through no fault of their own (as determined under state law) and meet other eligibility requirements of state law.

For more information, see the Employer's Guide to Unemployment Insurance, click <u>HERE</u>.



Coming soon: Ohio will have a new unemployment insurance system called <u>SOURCE</u> (State of Ohio Unemployment Resource for Claimants and Employers).

Workers' Compensation

In Ohio, all employers with one or more employees must, by law, have workers' compensation coverage. Ohio's workers' compensation system helps injured workers and their employers cope with workplace injuries (federal employees are covered by the U.S. Department of Labor).

Note: Workers' Compensation is federally required, but regulated at the state-level

For more information, visit Ohio Bureau of Workers' Compensation (BWC), click HERE.

TIP: Per Ohio Revised Code, self-insuring employers are responsible for administering and processing workers' compensation claims. For more information on managing self-insurance claims, click <u>HERE</u>.