Retiree Medical: Managing Your Plans in an ACA World

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What We Will Cover

- Basic Decisions
- Retiree-Only
- Exchanges
- Reporting and Fees
Basic Decisions

- Coverage
  - Who Do You Cover?
  - Who Is In The Plan – Active? Retirees?
- Defined Contribution Versus Defined Benefit
- Traditional Versus Exchange Model
- Funding Methodology
- Pre- and Post-Medicare Eligibility
- Disabled Employees
Retiree-Only

- The ACA and What It Means to Be Retiree-Only
  - What Applies
  - What Doesn’t
- Risks In The Public Sector – Rehired Retirees
Retiree-Only

- How To Make Your Plan Retiree-Only
- What Happens If You Wind Up Not Being Retiree-Only
- Impact on Types of Plans Available – Health Reimbursement Arrangements or Not
Exchanges

- What Does Exchange Mean?
- Public Versus Private Exchanges
  - Obamacare Exchanges
  - System-Run Exchanges
  - Vendor Exchanges
- “Plan” Versus Individual Coverage
Reporting and Fees

- 6055 Reporting – Self-Insured
  - Guidance?
    - Regulations
    - Draft Instructions and Forms

- Fees
  - PCORI
  - Transitional Reinsurance Fee
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