

# Managing Through Crisis: Adapting Benefit Plans for the Coronavirus Pandemic



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## Today's Webinar

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- Overview of benefits provisions under Families First and CARES Acts
- Overview of federal and state guidance
- Impact of these law changes and guidance on group health and retirement plans
- Benefit issues for furloughed employees



# Coronavirus Legislation

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## Families First Coronavirus Response Act (Families First)

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- Signed into law on 3/18/2020
- Provides for benefits to certain employees
  - Expanded FMLA leave
  - Emergency paid sick leave
    - Does not apply to employees for whom there is no work available (due to a shutdown order, business slowdown, etc.)
- Required COVID-19 testing coverage under all group health plans

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## Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

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- Signed into law on 3/27/2020
- Benefits provisions under the CARES Act
  - New Coronavirus Related Distributions
  - Expanded loan limits and delayed loan repayments
  - Temporary waiver of required minimum distributions
  - Defined benefit plan funding relief
  - Reimbursement of OTC medicine and menstrual products
  - New temporary tax-free student loan repayment

## DOL Final Rule Extending Timeframes

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- Prepublication version released 4/29/2020
- Any of the following deadlines that would occur between 3/1/2020 and 60 days after the announced end of the national emergency (or a date announced by the agencies) (the “outbreak period”) are extended:
  - Special enrollment periods for group health plans (30/60 days)
  - Deadline for distributing COBRA election notices (14/44 days)
  - COBRA election period (60 days)
  - COBRA premium payment deadlines (normally 30 days)
    - Payment of all deferred premiums due before extended deadline
  - Notice to a group health plan of a qualifying event or determination of disability (normally 30-60 days)
  - Deadline to file claims, appeals and requests for external review of adverse benefit determinations (welfare and retirement plans)
- Revised deadline clock starts on the 1<sup>st</sup> day after the end of the outbreak period

## EBSA Disaster Relief Notice 2020-01 Disclosures and Notices

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- Penalties waived during outbreak period for any notice, disclosure or document due during the outbreak period
- Good faith standard:
  - As soon as administratively practicable under the circumstances
  - May use electronic alternative means during the outbreak period including:
    - E-mail
    - Text message
    - Continuous access website posting
- Expressly includes blackout notices

## EBSA Disaster Relief Notice 2020-01 Plan Loans and Distributions

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- Relaxed documentation collection to the extent necessary during the outbreak period
  - Still need documentation eventually
- Waives adequate security requirement to permit plan loans up to 100% of the account balance in conformity with CARES Act
- Timing of employee contributions and loan payment remittance – temporary delays may be excused when unavoidable during the outbreak period

## IRS Notice 2020-23 & EBSA Disaster Relief Notice 2020-01

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- Form 5500 and M-1
  - Forms due between 3/1/2020 and 7/15/2020 are extended until 7/15/2020
    - No impact on calendar year plans since due date regularly 7/30/2020
    - No waiver of audit requirement (so far)

## Group Health Plan Issues

## Families First Act: Required Coverage of COVID-19 Testing

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- Requires “Group Health Plans”
- To provide coverage for testing
- Without cost sharing
- Beginning 3/18/2020 and continuing until the end of the “emergency period”

## Required Coverage of COVID-19 Testing

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- What Group Health Plans are included?
  - Very broadly defined
    - All “group health plans” as defined in §2791 of the Public Health Service Act; Section 733 of ERISA; and §9832 of IRC
  - Includes the following:
    - Insured and self-insured plans
    - Non-grandfathered and grandfathered health plans
    - ERISA plans, non-federal governmental and church plans
  - No size cap
- What plans are not included?
  - Retiree-only plans
  - HIPAA-excepted benefits
  - Limited-duration insurance

## Required Coverage of COVID-19 Testing

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- What must be covered?
  - The test itself:
    - In vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 that:
      - Approved or authorized under the Federal Food, Drug and Cosmetic Act (FFDCA);
      - Developer has requested, or intends to request, emergency use authorization under the FFDCA;
      - Developed in and authorized by State that has notified HHS of intention to review tests intended to diagnose COVID-19; or
      - Other tests that Secretary of HHS determines appropriate in guidance
  - The administration of the test, including any items or services furnished to an individual during the health provider visit
    - but only to the extent the items and services relate to the furnishing or administration of the product or to the evaluation of the individual for purposes of determining the need of the individual for such product
    - Requires coverage of tests for causes of respiratory illness such as blood tests and flu tests

## Required Coverage of COVID-19 Testing

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- Where can covered testing be performed?
  - Anywhere!
  - Includes:
    - Office visit
    - Telehealth visit
    - Urgent care center visit
    - Emergency visit
- Normal cost containment measures prohibited
  - Cannot place restrictions on visit location, including acuity (office visit vs. emergency visit)
  - No restrictions on network coverage

## Required Coverage of COVID-19 Testing

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- Covered testing must be provided without “cost sharing”
  - Deductibles, copayments, coinsurance
  - Prior authorization
  - “Other medical management requirements”
- Plans allowed to apply medically appropriate standard

## Required Coverage of COVID-19 Testing

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- An out-of-network visit must be covered “without cost sharing”
  - Does this mean that the group health plan is required to cover the entire cost of testing for out-of-network providers so that participant cost is \$0?
    - CARES Act: No
    - Ohio Department of Insurance Bulletin 2020-05 requires plans to negotiate with providers to ensure no balance billing for coronavirus testing and treatment



## CARES Act: Reimbursement Cap for Testing

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- The CARES Act caps the amount that a group health plan or health insurance issuer is required to reimburse for SARS-CoV-2 and COVID-19 testing required to be covered under such plan or policies:
  - Negotiated rate, if there is one in place with the provider before the public health emergency was declared; or
  - If there is no negotiated rate (whether negotiated in advance or as part of the claims process):
    - Amount equal to the cash price for such service listed by the provider on a public internet website; or
    - Spot negotiation for a discount is permitted

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## Reimbursement Cap for Testing

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- Each provider of a diagnostic test for COVID-19 is required to make public the cash price for such test on a public interest website of such provider
- This helpful limit will reduce potential price gouging that could otherwise occur if plans were required to pay the full charge for any out-of-network provider

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## Required Coverage of COVID-19 Testing

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- When do group health plans have to start providing this coverage?
  - For all testing performed on or after 3/18/2020
    - May be required to provide earlier under state mandates (*not applicable in Ohio*)
  - For the entire length of the “emergency period” as defined by Congress in the Social Security Act
- Enforced by Health and Human Services, Department of Labor, and the Treasury

## Required Coverage of COVID-19 Testing

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- EAPs may provide benefits for diagnosis and testing for COVID-19 during period of public health emergency under PHS or national emergency declaration under National Emergencies Act
  - EAP will not be considered to be providing benefits that are significant in the nature of medical care
- On-site medical clinics may offer benefits and testing for COVID-19
  - Doesn't impact excepted benefit status

## CARES Act: Group Health Plan Coverage of Coronavirus Vaccine

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- Requires coverage of a coronavirus vaccine or other coronavirus preventive service within 15 days of the date the Advisory Committee on Immunization Practices or the U.S. Preventive Service Task Force adds it to its recommendations (instead of the first day of the plan year starting 6 months after the recommendation is added)

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## Advance Notice Requirements of Coverage Changes and Amendments

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- Summary of Benefits and Coverage – 60 days advance notice
  - Tri-agencies will not take enforcement actions against plan or issuer that makes modifications to provide greater coverage related to the diagnosis and/or treatment of COVID-19 without providing 60 days advance notice
  - Must provide notice of changes as soon as reasonably practicable
- Amendment to Plan Documents
  - Unclear whether amendments are required – best practice to amend documents to reflect administration
  - If maintain change beyond emergency period, plans and issuers must comply with all other applicable requirements to update plan documents or terms of coverage

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## High Deductible Health Plans

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- What is the impact of COVID-19 testing on high deductible health plans (HDHPs)?
  - Employees and employers may make tax-favored contributions to a health savings account (HSA) if certain requirements of IRC §223 are met
    - Individual must be covered by an HDHP and cannot have “disqualifying coverage”
  - General rule is that a HDHP cannot cover diagnostic testing and related services until the employee meets his or her deductible

## High Deductible Health Plans

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- IRS Notice 2020-15 (3/11/2020)
  - HDHPs can now waive cost sharing requirements for COVID-19 testing and treatment without disqualifying the HDHP and the tax-favored status of contributions to HSAs
    - Applies to “medical care services and items purchased related to **testing for and treatment** of COVID-19”
  - Goal is to eliminate barriers to testing and treatment
  - This permits HDHPs to comply with required COVID-19 testing under the Families First Coronavirus Response Act without putting HDHP at risk

## High Deductible Health Plans

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- IRS Notice 2020-15 (3/11/2020)
- Additional Considerations
  - HDHPs can waive or reduce cost sharing requirements for both testing and treatment
    - Notice is permissive, not mandatory
    - Provides for broader relief than the required testing under the Families First Act (can also eliminate or reduce cost sharing for treatment)
  - Applies to both insured and self-insured plans
    - May have to work with insurer for fully insured plans
    - May require a plan or SPD amendment
  - There is no expiration date for this relief and Notice will remain in effect until IRS issues additional guidance

## CARES Act: Telemedicine under High Deductible Plans

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- High deductible health plan may cover telemedicine and other remote care services below the deductible without endangering HSA eligibility
  - Effective 3/27/2020 to plan years beginning on or before 12/31/2021
  - Not limited to coverage for COVID-19

## CARES Act: Coverage of Over-the Counter Products as Qualified Medical Expenses

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- The definition of Qualified Medical Expenses has been expanded to include:
  - Menstrual care products - defined to include a tampon, pad, liner, cup, sponge or similar product used by individuals with respect to menstruation or other genital-tract secretions
  - Remove the ACA limitation on over-the-counter medications without a prescription
- Employers are not required to amend their plans to cover these expenses (but most health care flexible spending account programs are expected to be amended to permit this coverage)

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## Vendor Responses

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- Cannot distinguish whether telemedicine visit is COVID-19 related
  - Teladoc:
    - Non-HDHP: eliminating co-payments
    - HDHP: requesting permission to eliminate co-payments
  - Telehealth:
    - Currently excluded on most plans (except as required for COVID-19 testing)
    - Requesting permission to add coverage
- PBMs imposing limits on certain prescription drugs to prevent drug shortages:
  - Albuterol
  - Chloroquine
  - Hydroxychloroquine
  - Kaletra
  - Azithromycin

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## State Mandates/Initiatives

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- Ohio Department of Insurance Bulletin 2020-03 - Requires health and stop-loss insurers to permit employers to continue to cover employees under group policy even if plan would normally end in connection with a reduction in hours
  - Life and disability insurers are not required to agree to extend coverage
- Ohio Department of Insurance Bulletin 2020-03 - Requires insurers and nonfederal governmental employers to extend to “insureds” a 60-day grace period for making premium payments

## Furlough/Leave of Absences/Layoffs/Terminations

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- Group health plan coverage during leaves of absence
  - Generally group health plan coverage continues during a leave of absence, BUT check plan terms for how long that coverage lasts
    - If employer desires to extend coverage for longer period must notify insurer and/or stop-loss carrier and get written acceptance of the change
  - Employee may be required to pay full premium or employer can subsidize all or part of the premium during the leave period
    - If employee is required to pay premium, employer must provide payment instructions and should provide notice prior to termination of coverage
    - If the subsidy is higher than usual, a plan amendment may be required
    - Employee communications should be clear about the subsidy triggers and duration

## Furlough/Leave of Absences/Layoffs/ Terminations

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- IRC §4980H imposes penalties on an employer that does not offer affordable, minimum value insurance to a full-time employee
- There is no penalty for a month in which an employee is terminated
- There could be a penalty for a month in which the employee is on a leave of absence if the employee's share of the medical insurance premium is "unaffordable"
  - The penalty only applies if the employee has purchased insurance through the ACA Marketplace (Exchange) with a federal tax subsidy
  - Penalty risk is avoided if the company sufficiently subsidizes the employee's premium cost

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## Furlough/Leave of Absences/Layoffs/ Terminations

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- COBRA continuation coverage
  - If have 20 or more employees, employers must offer COBRA continuation coverage at the time the health insurance coverage is lost in connection with the reduction of hours or termination of employment
  - Employers have two options:
    - commence COBRA coverage immediately
    - extend coverage for a period of time and offer COBRA coverage at end of extension
      - Be sure to obtain written acceptance from insurer and/or stop-loss carrier
  - Can subsidize the COBRA coverage
    - If continue subsidy for all former employees, it can be pre-tax
    - If continue subsidy only for highly compensated former employees, recommend taxing it

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## Furlough/Leave of Absences/Layoffs/ Terminations

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- State mini-COBRA continuation coverage
  - Ohio's version applies to employers with fewer than 20 employees, church and governmental employers
  - Only available for employees who are involuntarily terminated from employment (none of the other COBRA triggers like reduction in hours, divorce, etc.)
  - Participant must be covered for previous 3 months and not be eligible for other coverage
  - Can continue insurance for up to 12 months (shorter than COBRA's 18 months)
  - Like COBRA, there are procedural requirements including election deadlines

## Retirement Plan Issues

## Furlough/Leave of Absences/Layoffs/ Terminations

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- Retirement plan issue:
  - Bona fide termination is a permissible distributable event but a leave of absence is not
  - The CARES Act added a separate coronavirus distribution option
    - Allows distribution of up to \$100,000 to individuals who have been diagnosed with, been quarantined for, or had a reduction in compensation as a result of the coronavirus
    - Distribution is exempt from the 10% early distribution excise tax, could be taxed over 3 years (instead of being taxable in the year of distribution), and could be repaid to a plan or IRA

## Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

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- Many of the provisions apply to Coronavirus Affected Individuals, who include an individual:
  - diagnosed with SARS-CoV-2 or coronavirus disease 2019 (COVID-19) by a test approved by the CDC
  - whose spouse or dependent (as defined in IRC §152) was diagnosed with SARS-CoV-2 or COVID-19 by a test approved by the CDC
  - who has experienced adverse financial consequences as a result of being quarantined, furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by an individual due to such virus or disease, or other factors determined by Secretary of Treasury

## CARES Act: Increased Loan Limits

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- The dollar limit on loans from a qualified retirement plan is increased from \$50,000 to \$100,000 and the limit on how much of a participant's vested account balance may be accessed has been increased from 50% to 100%
- *Effective Date:* These expanded limits are effective for only 180 days after enactment of the CARES Act (from 3/27/2020 – 9/23/2020)
- Plan are not required to raise their loan limits

## Participant Loans From 401(k) Plan

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- If a participant fails to make a loan repayment, the loan can be placed in default which results in a “deemed distribution” from the 401(k) plan
  - Taxable to participant in year of default
    - Reported on Form 1099-R
  - Subject to 10% excise tax for early distribution from 401(k) plan

## Participant Loan From 401(k) Plan

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- Options for participant loans from 401(k) plan for employees on unpaid leave of absence:
  - Participant makes loan repayments directly to vendor
    - Not all vendors will allow for this
  - Loan goes into default if payments not made before end of Cure Period
    - Cure Period: last day of calendar quarter following the calendar quarter in which the required installment payment was due
  - Suspend loan repayments

## Suspension of Loan Repayments During Unpaid Leaves of Absence

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- Suspension available for up to 12 months
- Loan must still be repaid by maximum loan repayment date
  - Maximum loan repayment date: (1) up to 5 years for general purpose loans, and (2) up to 30 years for residential loans
- Regular Rule - Suspension only available if participant receives no pay from employer or receives pay at a rate of pay less than the amount of the installment payments required under the terms of the loan

## Suspension of Loan Repayments - CARES Act

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- Allows “Coronavirus Affected Individuals” to suspend loan repayments otherwise due between 3/27/2020 and 12/31/2020 for 12 months
  - Although the CARES Act suspends payments for 12 months, vendors generally are requiring reamortization as of 1/1/2021
- Suspension can take loan repayment beyond the loan repayment date
- Must pay interest that accumulates during suspension period

## Hardship Distributions

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- Some 401(k) and 403(b) plans permit participants to take an in-service distribution for financial hardship
  - Distribution is required to satisfy an “immediate and heavy financial need”
  - Based on the facts and circumstances

## Hardship Distributions

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- Safe harbors that establish “immediate and heavy financial need”
  - **Expenses for medical care incurred by the participant, the participant’s spouse, or the participant’s dependents**
  - **Payments necessary to prevent eviction or foreclosure for the employee’s principal residence**
  - **Federally declared FEMA disaster areas**
  - Funeral expenses
  - Certain expenses related to repair or damage to the employee’s principal residence (casualty deduction under IRC §165)
  - Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments)
  - Payment of tuition, related educational fees, and room and board expenses

## Hardship Distributions

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- Safe Harbor: Medical Expenses
  - Expenses incurred by the employee, the employee’s spouse, or the employee’s dependent for medical care
    - Some plans also permit hardship for the medical expenses incurred by the employee’s primary beneficiary under the plan
  - Also any expenses necessary to get the medical care (travel or related expenses)
- Relevance to COVID-19
  - If an employee or the employee’s spouse or dependent incurs medical expenses for COVID-19 treatment, may automatically qualify for hardship under safe harbor

## Hardship Distributions

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- Safe Harbor: Eviction or Foreclosure
  - Payments necessary to prevent eviction or foreclosure from the employee's principal residence
    - Must be imminent
- Relevance to COVID-19
  - If an employee is facing eviction or foreclosure due to an unpaid leave of absence, may automatically qualify for hardship under safe harbor
  - Because the CARES Act suspends foreclosures and evictions, few employees will be able to qualify for a hardship distribution based on this trigger

## Hardship Distributions

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- Safe Harbor: FEMA Disaster Area
  - Expenses and losses incurred by the employee on account of a disaster declared by FEMA
    - Employee's principal residence or principal place of employment must be in the disaster area
    - Includes loss of income related to the disaster
- Relevance to COVID-19
  - If FEMA declares certain areas of the country (or the entire country) to be a disaster area, then this safe harbor will apply
  - Note: On 3/13/2020, President Trump declared a national emergency for all U.S. states, tribes, territories and the District of Columbia. This national emergency declaration does not qualify for the disaster safe harbor

## Reducing Employer Contributions

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- Qualified retirement plans may not decrease accrued benefits of participants (IRC §411(d)(6))
- Accrued benefits are protected and cannot be eliminated by amendment

## Amendments Reducing or Suspending Benefits

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- Can still suspend or reduce contributions if participants have accrued benefits for plan year
  - Reduction or suspension will only apply to future benefits
- Amendment must be executed before benefit reduced or suspended
- Advance notice may be required to eligible employees and plan participants



## Discretionary Employer Contributions

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- What was communicated to employees?
  - We intend to make “x” contribution but is subject to change by the employer at any time
  - We will make “x” contributions until we notify employees otherwise
- Equitable estoppel and detrimental reliance claims

## Reduction or Suspension of Union Benefits

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- Union benefits may not be reduced or suspended unless bargained with union
- What about tag along rights?
  - If union bargained for mirrored benefit, benefit automatically changes when the mirrored benefit is amended
  - Strongly recommend notice to union before implement or communicate change of benefit to employees

## Notice Requirements to Reduce or Suspend Benefits

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- Safe harbor contributions: 30 day notice
- Plans subject to funding requirements – defined benefit plans and money purchase pension plans
  - ERISA §204(h) notice required:
    - General rule: 45 days before effective date of amendment
    - Small plan (<100 participants): 15 days before effective date of amendment
- Even if not required, good idea to keep employees informed of decision to reduce or suspend employer contributions

## Safe Harbor Matching Contributions

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- Safe Harbor Matching Contributions may be reduced or suspended during a plan year if:
  - Employer is operating at a loss as described in IRC §412(c)(2)(A) for the plan year; or
  - Includes in the annual safe harbor notice a statement that the plan may be amended during the plan year to reduce or suspend safe harbor matching contributions and will not apply until at least 30 days after all eligible employees are provided notice of the reduction or suspension

## Safe Harbor Matching Contributions

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- Requirements to reduce or suspend Safe Harbor Matching Contributions:
  - All eligible employees are provided a supplemental notice
  - Reduction or suspension is effective no earlier than the later of the date the amendment is adopted or 30 days after the eligible employees receive the supplemental notice
  - Eligible employees are given a reasonable opportunity (including a reasonable period after receipt of the supplemental notice) prior to the reduction or suspension to change their elective deferral elections
  - Plan is amended prior to effective date
    - Requires ADP test will be satisfied for entire plan year of suspension or reduction using current year testing method
  - Plan satisfies safe harbor requirements with respect to amounts deferred through effective date of amendment

## Safe Harbor Nonelective Contributions

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- Safe Harbor Nonelective Contributions may be reduced or suspended during a plan year if:
  - Employer is operating at a loss as described in IRC §412(c)(2)(A) for the plan year; or
  - Includes in the annual safe harbor notice a statement that the plan may be amended during the plan year to reduce or suspend safe harbor nonelective contributions and will not apply until at least 30 days after all eligible employees are provided notice of the reduction or suspension\*
    - Not clear how this requirement is changed by SECURE Act

## Safe Harbor Nonelective Contributions

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- Requirements to reduce or suspend Safe Harbor Nonelective Contributions:
  - All eligible employees are provided a supplemental notice\*
  - Reduction or suspension is effective no earlier than the later of the date the amendment is adopted or 30 days after the eligible employees receive the supplemental notice
  - Eligible employees are given a reasonable opportunity (including a reasonable period after receipt of the supplemental notice) prior to the reduction or suspension to change their elective deferral elections
  - Plan is amended prior to effective date
    - Requires ADP test will be satisfied for entire plan year of suspension or reduction using current year testing method
  - Plan satisfies safe harbor requirements with respect to amounts deferred in the case of safe harbor matching contributions and safe harbor compensation in the case of safe harbor nonelective contributions through effective date of amendment

## Safe Harbor Supplemental Notices

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- Supplemental notice must contain an explanation of the following:
  - Consequences of amendment that reduces or suspends future safe harbor contributions
  - Procedures for changing their cash or deferred elections
  - Effective date of amendment

# Cafeteria and Flexible Spending Account Issues

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## Cafeteria Plan Elections

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- Events such as a recession or the COVID-19 pandemic may trigger employee requests for mid-year election changes
- IRS hasn't issued any updated guidance related to these rules in relation to the COVID-19 pandemic
  - Thus, the current cafeteria plan rules must be followed when determining whether to permit an election change request from employees

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## Permitted Election Change Rules

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- Change in Employment Status
  - Termination of Employment – may revoke an election for benefits and make a different election
    - Example: Employee A is married to B. Employee A elects single coverage. B's employment is terminated due to a reduction in force because of COVID-19. Employee A may revoke single coverage and elect family coverage
  - Reduction in Hours or Furlough – may revoke an election only if lose eligibility for benefits.
    - Reduction in employee's income or wages is not enough to permit a mid-year change
    - Leave of Absence – Paid and Unpaid – may revoke an election only if lose eligibility for benefits
      - Look at underlying benefits to see what happens during a leave of absence. Often tied to employer's leave of absence policies (which may be amended)
      - Employees may revoke elections during FMLA leave of absence

## Health Care Flexible Spending Accounts

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- Health Flexible Spending Accounts
  - Remember that election changes may NOT be made to Health FSAs for cost or coverage changes
    - Example: An employee may NOT change his/her Health FSA amount to reimburse expenses for treatment because the employee or a family member has tested positive for COVID-19

## DCAP Benefits Under Cafeteria Plan

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- Most employers offer DCAP benefits under a cafeteria plan. DCAPs are subject to the permitted election rules
  - An election for dependent care benefits must be made prior to the beginning of the plan year
  - The election cannot be changed except for certain “change in status” events
  - The change requested must be consistent with the change in status event

## Dependent Care Assistance Program (DCAP) Benefits

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- Common change in status events that apply to DCAPs:
  - Change in the number of dependents
  - Change in employment status – may revoke or start an election
    - Parent begins or ends gainful employment, or
    - Parent begins or stops looking for gainful employment

## Dependent Care Assistance Program (DCAP) Benefits

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- Some common change in status events that apply to DCAPs:
  - Significant cost or coverage changes – may revoke election and make new election
    - Example: Employee A has a new child care provider and a corresponding cost change. Employee A may revoke his or her election and make a new election for the new child care provider and cost change (either increase or decrease)
    - Note: Changes in elections because of cost can only be made if the cost change is imposed by a dependent care provider who is not a relative of the employee

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## Dependent Care Assistance Program (DCAP) Benefits

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- Employee may change DCAP election in the following circumstances:
  - Daycare center closure due to state or health department order
  - Employees working from home as a result of stay-at-home order
  - Return to work after furlough

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## Other Benefit Issues

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### Transportation Fringe Benefits

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- An employee may not revoke a compensation reduction election for pre-tax transportation fringe benefits after the employee is able currently to receive the cash or other taxable amount at the employee's discretion
- The compensation reduction election also may not be revoked after the beginning of the period for which the transaction fringe benefit will be provided

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# Questions

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