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Notes

The Excise Tax on High-Cost Health Plans, p. 2

AT A GLANCE

- In December 2015 Congress enacted a two-year delay in the controversial excise tax on high-cost health plans under the Affordable Care Act (ACA), postponing its effective date from 2018 to 2020 and making a number of other modest changes to the tax.
- Nevertheless, the tax remains wildly unpopular with private-sector sponsors of employee health programs, and its potential effects are widely debated—even though the general public (and most workers in general) have little awareness that the tax has been enacted by Congress and that its potential implementation could cause major changes to how they get health coverage and how much they pay.
- To further public debate over the issue, the nonpartisan Employee Benefit Research Institute (EBRI) held a policy forum on Dec. 10, 2015, attended by about a hundred health experts and other benefits professionals, to discuss "The Excise Tax on High-Cost Health Plans"—both to clarify what the tax would do and how employers and health-plan sponsors are reacting to it. This *EBRI Notes* article summarizes the presentations and discussion at that forum.
- As private-sector health experts pointed out at the EBRI forum, despite the delay in the effective date of the so-called "Cadillac tax" on high-cost health plans, the tax has already been causing changes, as many employers have begun reducing benefits or shifting costs now to avoid the tax if and when it later goes into effect.
- Presenters at the policy forum included:
    - *Paul Fronstin,* director of EBRI's Health Research and Education Program, who reviewed the purposes, goals, and key provisions of the excise tax on health plans as it was included in the Affordable Care Act.
    - *Katy Spangler,* senior vice president of health policy for the American Benefits Council, a trade association helping mostly large corporations navigate the employer-sponsored health and retirement benefit systems, and has led lobbying efforts to repeal the tax.
    - *Kimberly Young,* head of employee benefits at Booz Allen Hamilton, who provided the perspective and reactions to the tax by a large employer.
    - *Richard Stover,* principal and consulting actuary in Xerox HR Services' Knowledge Resource Center (formerly Buck Consultants), who addressed the broader perspective in employer options and strategies in dealing with the excise tax.

The Excise Tax on High-Cost Health Plans

By Stephen Blakely, Employee Benefit Research Institute

Introduction

In December 2015 Congress enacted a two-year delay in the controversial excise tax on high-cost health plans under the Affordable Care Act (ACA), postponing its effective date from 2018 to 2020 and making a number of other modest changes to the tax. Nevertheless, the tax remains wildly unpopular with private-sector sponsors of employee health programs, and its potential effects are widely debated—even though the general public (and most workers in general) have little awareness that the tax has been enacted by Congress and that its potential implementation could cause major changes to how they get health coverage and how much they pay.

In fact, as was discussed at EBRI's 77th policy forum held in Washington just days before Congress voted to delay the so-called "Cadillac tax" on high-cost health plans, the tax has already been causing changes, as many employers have begun reducing benefits or shifting costs now to avoid the tax if and when it later goes into effect.

To further public debate over the issue, EBRI's policy forum on Dec. 10, 2015, drew about a hundred health experts and other benefits professionals to discuss "The Excise Tax on High-Cost Health Plans," both to clarify what the tax would do and how employers and health-plan sponsors are reacting to it. A webcast of the event is available online at http://bit.ly/1nKY9j7. A summary of the forum follows.

Paul Fronstin

Paul Fronstin, director, EBRI Health Research and Education Program, began the discussion by reviewing the purposes and goals of the so-called Cadillac tax on health plans as it was included in the Affordable Care Act. He noted the topic was particularly timely, since lawmakers in Washington were concurrently debating the future of the tax (in a subsequent year-end budget deal, among other things, Congress delayed its implementation, from 2018 to 2020; in his proposed Fiscal 2017 federal budget, President Obama also called for some modifications to the tax but not outright repeal).

Among the basics of the excise tax on high-cost health plans, as the "Cadillac Tax" is more formally known, are:

- It's a 40 percent excise tax on the total cost of health coverage (meaning both employee and employer shares).
- The aggregate value of the cost of coverage also includes employer and worker contributions to flexible spending accounts, health reimbursement arrangements, and health savings accounts, as long as worker contributions are made on a pre-tax basis.
- The cost of pre- and post-65 retirees may be combined for calculating employers' health costs.
- To date, there are no regulations issued on the excise tax. In 2015 the Internal Revenue Service (IRS) issued two notices giving a preview into their considerations for rules, which are likely to appear in the final regulations.

Fronstin noted that proponents of the tax cite two goals: To mitigate against the rising cost of health care and to generate tax revenue to pay for other provisions of the Affordable Care Act. If the tax is implemented, he added, "employers are expected to reduce the comprehensiveness of health benefits, which should lead to a reduction in the use of health care services and health insurance premiums."

The Joint Committee on Taxation estimates that $91 billion would be collected by the excise tax over 10 years (the two-year delay in implementation is expected to cost the federal government about $9 billion in lost tax revenue). Twenty-five percent of the revenue is expected to come from excise tax receipts (tax payments from employers) and 75 percent is expected to come from worker wages that become taxable under the new law, assuming employers substitute reduced health benefits with higher wages.

Fronstin noted that the IRS notices indicate the cost of coverage will be calculated separately for employee-only coverage and (other than for self-only coverage) for family coverage. Since there doesn't seem to be a provision for employee-plus-one coverage, he noted, "it may mean that employers would have an incentive to drop spousal coverage."

Coverage for on-site medical clinics must be included in employers' health-cost calculations unless they provide only minimal care, also creating a disincentive to keep on-site clinics open.

Because of the likely tax treatment of health savings accounts, Fronstin said, employers are likely to be discouraged from offering pre-tax worker contributions to health savings accounts through payroll deductions, but may see an incentive to allow after-tax contributions to HSAs.

Fronstin noted the underlying assumptions behind the Cadillac tax are that "workers over-insure because they prefer nontaxable premiums and health coverage to using taxable wages for out-of-pocket spending on health care services. And over-insurance means that more health care services are nontaxable, which leads to higher use of health care services, which then drives up premiums and makes coverage less affordable."

The result, he added, is that the tax is aimed at reducing the comprehensiveness of health coverage, thus forcing workers to use after-tax dollars for more services, which will then reduce use of services, reduce health care costs and premiums, increase worker wages, and ultimately result in an overall decline in demand for health care services.

Fronstin said there is no clear evidence that decreasing health care costs will actually result in higher worker wages, especially since the economic environment (unemployment, economic strength) affects the cost and coverage tradeoff.

He noted, however, that there is a lot of research on the impact of reducing the comprehensiveness of health benefits by increasing cost-sharing. He cited the Rand Health Insurance Experiment that found increased cost-sharing to be a blunt instrument, resulting in reductions of both some inappropriate, but also some effective, health care services. Research on the worker health status impact of increased cost sharing is inconsistent.

Fronstin noted that recent research by EBRI and others on consumer-driven health plans (CDHPs) has found that increased cost sharing reduces the use of some health care services (such as outpatient visits and prescription drug refills) as well as some recommended cancer screenings and medication adherence among people with certain chronic conditions. And, he added, there is some evidence CDHPs result in an increase in emergency department visits.

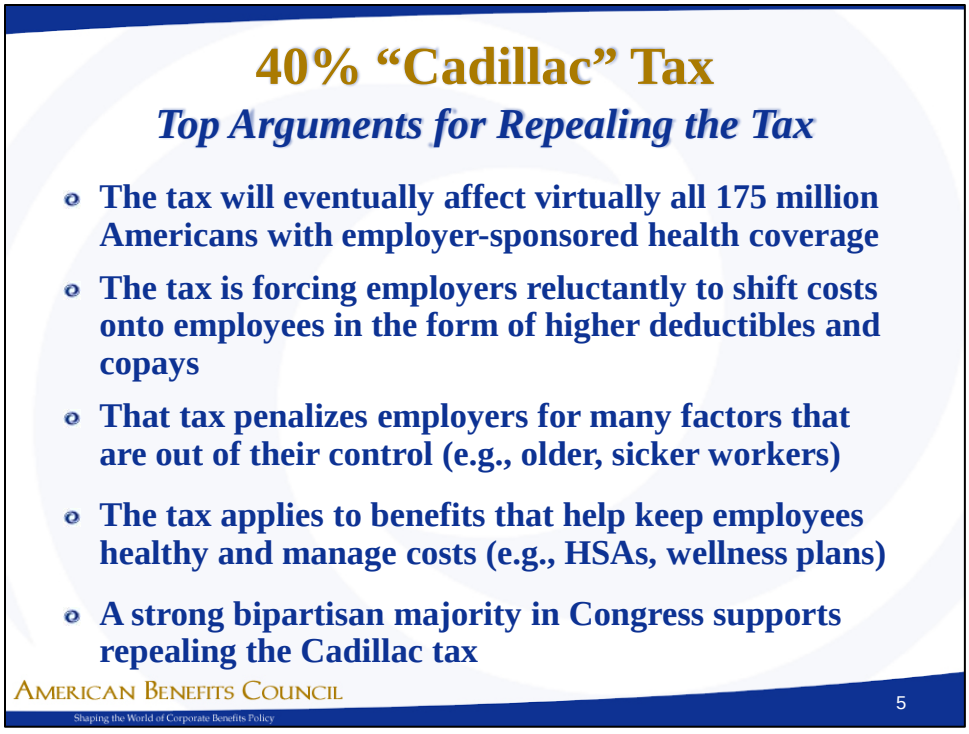
He predicted that even if less comprehensive health benefits (and lower costs to employers) do not result in higher wages for workers, increased worker cost sharing would still result in higher tax revenue for the government because corporate profits would go up. That additional tax revenue could be lost, however, if employers gave the cost savings to workers in the form of higher 401(k) contributions. "Ultimately," Fronstin said, "you have to follow where the money goes."

Katy Spangler, senior vice president of health policy for the American Benefits Council, described the ABC as a trade association helping mostly large corporations navigate the employer-sponsored health and retirement benefit systems. She said their "top one, two, and three priorities are repealing the Cadillac tax, or the 40 percent excise tax on high-cost health plans."

Katy Spangler

In June of 2015 the group formed "The Alliance to Fight the 40," a broad-based coalition of public and private employers, consumer groups, unions, health groups and others aimed at stopping the tax from taking effect. While the general public is largely unaware of the tax and its implications, she said, the group has been meeting extensively with members of Congress and has been "really focused on increasing awareness about the tax, not only on the Hill with members and staff but also with the media," she said.

Spangler noted the Senate vote the previous week in which an amendment to the year-end budget to repeal the tax passed 90–10 [the repeal ultimately was turned into a two-year delay], which she said "really helped increase the momentum and the chorus of voices that are calling for repeal of this tax." She also noted that over 290 representatives have signed onto legislation that would repeal the tax, which is significant because "we have a veto-proof majority in the House and Senate, so I think the tea leaves are looking good as far as addressing the Cadillac tax."



Spangler praised a two-year delay in the tax as "part of a step in the process of achieving full repeal," and vowed: "we're going to keep fighting our fight until we have achieved full repeal and can protect the coverage of 175 million Americans."

Spangler listed several reasons why ABC is fighting to repeal the tax:

- It will eventually affect all 175 million Americans with employer-sponsored health coverage. This is especially true since the threshold values for health coverage that trigger the excise tax are tied to consumer inflation—not medical inflation, which historically has been far higher. “Over time, you keep gobbling up more and more health plans that are then subject to the tax,” she said.

- Other provisions of the ACA that mandate what benefits have to be offered will ultimately force even non-Cadillac health plans to be taxed, such as the 60 percent minimum value plan that must be offered in order for an employer to avoid the “shared responsibility” payment. “There will come a day when the employer will skinny down their benefits to meet that 60 percent threshold and they will still be at risk for triggering the tax,” Spangler said.

- Kaiser Family Foundation data indicate up to 26 percent of employers with at least one health plan would have hit the Cadillac tax threshold by 2018, rising to 42 percent in 2028.

- Because the tax is calculated on the total share of health care premiums (employer plus worker shares), employers have started to avoid triggering the tax by increasing the deductibles that workers must pay. “We're seeing that the tax is really forcing employers to reluctantly shift costs onto employees,” she said.

- Various cost-related factors are beyond the control of either employers or workers (such as the geographic differences that lead to widely different health insurance premium rates) and workforce demographics (older and sicker employees) that increase their Cadillac tax liability.

- Including wellness programs and on-site medical programs when calculating the value of a health plan creates a strong disincentive for employers to try to help keep their workers healthy.

Spangler said her coalition has “a fundamental disagreement” with some Congressional Budget Office projections that employers would raise wages as they reduce health care benefits. And despite arguments that repealing the tax would undermine the Affordable Care Act, she said “This is about protecting the benefits of 175 million Americans that have employer-sponsored coverage—this is not a debate about whether the ACA is good or bad. This is just about repealing the tax.”

Finally, she argued that while the Cadillac tax may have been intended to decrease health care costs, in practical terms “it is really forcing employers to shift costs onto employees—it really is just kind of shuffling the deck chairs.”

Kimberly Young

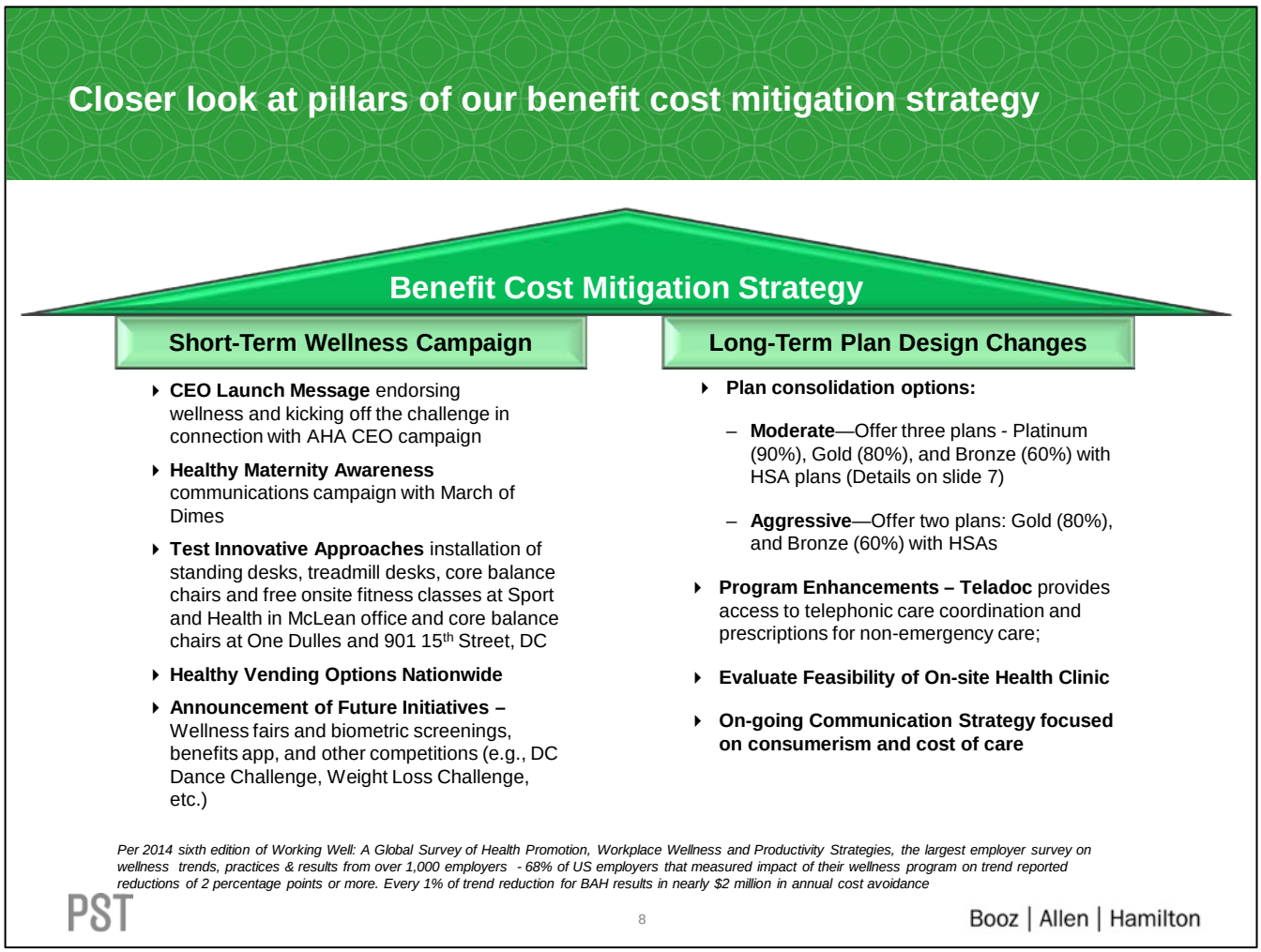
Kimberly Young, head of employee benefits at Booz Allen Hamilton, provided the perspective of a large employer.

Young noted that Booz Allen Hamilton has 25,000 employees and is in a highly competitive knowledge-based industry in which “employees are our most valuable asset.” Since health insurance has long been ranked the most valuable employee benefit and crucial to the hiring and retention of skilled workers, Booz Allen Hamilton evaluated its health insurance programs and “we found ourselves with a completely platinum program design” that would be subject to the Cadillac tax. Facing a 40 percent excise tax, she said, “we had to evaluate affordability as really the bottom-line business impact.”

As a result, the firm has made several major changes in the past five years to both its medical and retirement benefits, such as replacing the discretionary profit-sharing retirement plan with an employer-matching 401(k) plan.

Even though the average age of a Booz Allen Hamilton worker is only 32, Young said the workforce is widely dispersed and has a high number of chronic health conditions. With multiple health plan options and platforms, "it was difficult to aggregate data and really get a good view in terms of what was happening across our employee demographic, so it was difficult to build a case for executive buy-in initially to make a wholesale change."

As is well known, Young said, a small share of its workforce accounted for a high share of health costs. Going back to 2013, they found that chronic conditions were accounting for 61 percent of their total expenditures on health care, which were rising at a rate of 14 percent a year. "That trend increase was enough to make the business case for a wholesale change," she said. Adding in the existing cost trends with the pending impact of the Cadillac-plan excise tax, "it was no longer sustainable," and "either a moderate intervention or an aggressive change to bring costs down" was needed.



The initial step was to launch a wellness program with maternity awareness campaigns, standing and treadmill desks, local fitness classes, health vending options and higher incentives for workers to take biometric screenings and health risk assessments. Since many workers would not go to doctors' offices during working hours because of their client responsibilities, Booz Allen Hamilton implemented "Teladoc" telephone access to reduce emergency room use. They also established on-site health clinics and began to communicate and promote consumer-directed health care with the workforce.

A key change occurred in 2012 when they established a data warehouse with Aetna One to aggregate their company-wide information about health care utilization, which in 2015 led to a wholesale redesign of their health benefits with consumer-driven health plans and health savings accounts (HSAs). Young acknowledged this was a dramatic change for employees, since all of their health plans previously were "platinum design" in nature.

Because of the integration of analytic tools through the data warehouse, the company was able to better monitor and report health outcomes. Although the program is too new to make long-term conclusions, after one year "we see that in almost every category our expenses are down," she said. Exact reasons for that are not yet clear, but so far "our overall data indicates that the costs are down as a result of a better model, better interventions, and the new programs that we put in place."

With a year's experience with the HSAs, the average Booz Allen Hamilton employee HSA balance is over $1,000, and there is now a far better enrollment mix in the platinum, gold, and bronze health plan options, she added.

In 2016, they are expanding the financial incentives for wellness programs, which have led to a sharp increase in participation—from 3,000 employees participating in 2015 to over 10,000 in 2016. They are also seeing growing use of a third-party tool designed to help workers better evaluate and understand the cost of health care. So far, Young said, employee feedback has been positive, especially since deductibles and premiums for 2016 remained flat from the year before while wellness incentives went up.

Young added it's clear the executives' health benefit programs would still trigger the ACA excise tax, and changes to those benefits are still being considered. "We're still struggling with what we do with our remaining programs if they are subject to the tax. For us, it's a real challenge," she added.

Richard Stover, principal and consulting actuary in Xerox HR Services' Knowledge Resource Center, addressed the broader perspective in employer options and strategies in dealing with the Cadillac tax.

Richard Stover

Stover said the two most extreme choices facing employers—fully absorbing the costs of the tax or dropping health benefits entirely to escape it—"are not something any employer I'm working with is really seriously considering right now." That leaves the kinds of options Young described (improving plan efficiency, shifting costs, and eliminating ancillary health care benefits) as the only viable options.

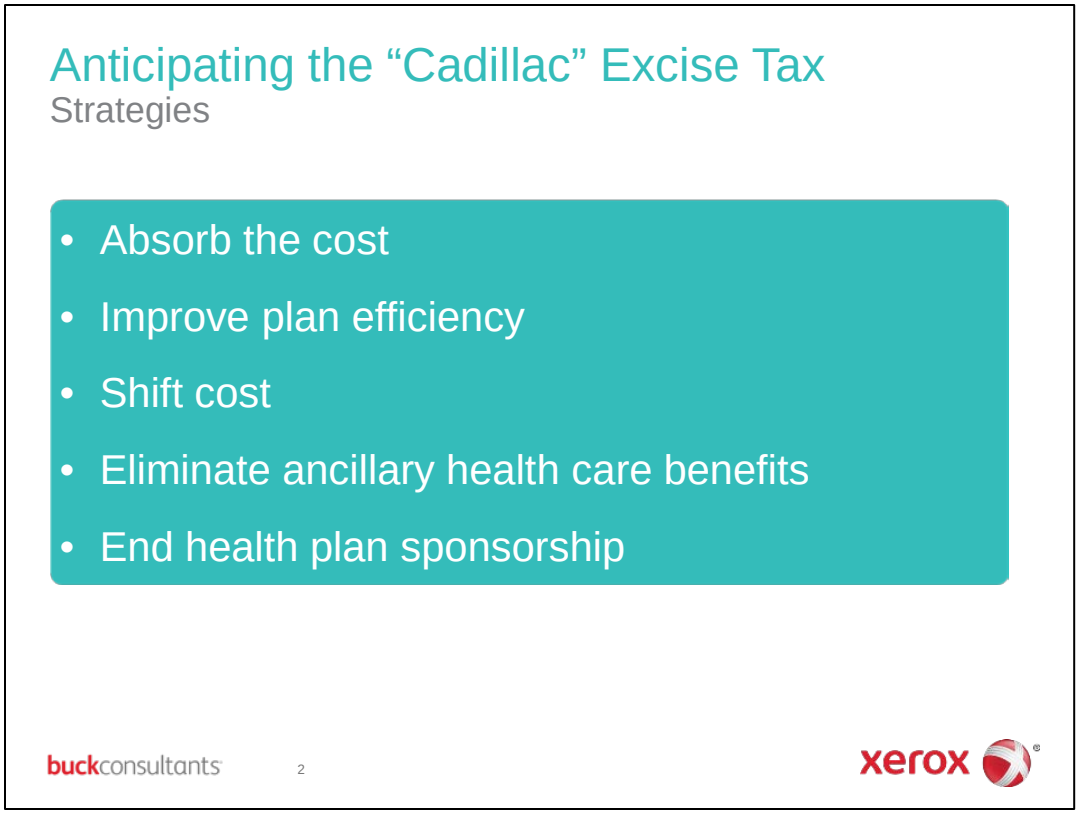
"It's not so much that employers are focused on one of those exclusive of the others, but rather looking at a combination of different approaches to best reflect the impact or mitigate the impact of the tax," he said.

Stover said employers "are generally doing and looking at everything they can do to avoid the tax," not just because of the cost, but equally important because of the regulatory burden. "Depending on what the IRS regulations require, the administration of this tax—determining it, calculating it, allocating it to coverage providers to make the payments—is an extremely complex process. Even if you trigger the tax to a small amount, that could generate a significant amount of additional work and effort," he said.

He noted that since employers face financial pressure to at least keep their current compensation and benefits spending level, "something has to give" if the Cadillac tax makes their benefits costs go up—and compensation and fringe benefits are about the only places to turn.

A key problem is that even if employers don't hit the tax threshold initially, the tax is structured in a way that is likely to catch them in future years, and that "ultimately, there's no escaping the tax the way it's currently structured," he said.

"No one thing you're going to do, necessarily, is going to ultimately eliminate this tax completely—but even a modest change in trend over a period of years can have a significant savings for employers," he said.



To improve efficiency of their health plans, employers can manage utilization of care through different types of plan designs or networks, such as using telemedicine; managing unit cost (reducing utilization of health care); finding more effective vendors, such as pharmacy benefit providers; and promoting employee wellness.

Stover noted that Xerox HR Services does a biannual global wellness survey, which recently found that 60 percent of employers don't know what impact their wellness programs are having on worker health trends. "Obviously, it's a hard thing to measure, but still something employers should be looking at," he said.

Of those who did measure the impact of wellness programs, he added, 69 percent saw a reduction of 2 percent or more in health care cost trends. While that may not sound like much, Stover said, "even a small reduction in trend can have a significant impact over the long term in the amount of the Cadillac tax that an employer will have to pay."

Noting the difficulty employers face of quantifying the benefits from offering a wellness program, Xerox HR Services' research shows that the greater the incentive workers are given to participate in a wellness program, the greater the reduction in cost trends—although a careful balance must be found between giving away too much in incentives to offset the savings.

Stover said shifting costs onto the employees is one approach that most employers seem to be taking, as a component of their overall response to the Cadillac tax, in addition to plan management and wellness initiatives.

“Many employers need a much more significant reduction in their cost in 2018 to avoid the impact of the tax in that year. And, unfortunately, the primary way to do that, the easiest way to do it, is to shift costs to employees through higher deductibles, higher cost sharing,” Stover said.

Merely setting higher deductibles, adjusting co-pays and making some minor or modest adjustments in co-insurance or out-of-pocket limits “really doesn’t help that significantly with the cost of the program,” he said, and efforts at controlling the cost of the program “needs to be more significant.” That ultimately leads to adoption of high-deductible health plans with health savings accounts, often as the only plan offered to workers. To fill the gap that results in higher employee costs, some employers are turning to voluntary benefits that can be structured to avoid the Cadillac tax, such as involuntary accident plans, hospital indemnity, or critical illness plans.

He also said another approach, not being offered yet but more likely in the future is to eliminate certain ancillary benefits, such as flexible spending accounts (FSAs) and pre-tax HSA contributions. Since FSAs in particular are likely to trigger provisions of the Cadillac tax, “as the law is currently structured, FSAs have a very short lifetime,” Stover said.

Since IRS notices have made it clear that worker pre-tax and employer HSA contributions are subject to the tax, he predicted that “many employers with high-deductible health care plans are going to need to limit what employees can contribute on a pretax basis to the HSA.” Even after-tax payroll deductions can be tricky under the law under IRS “comparability” rules between single and family health accounts and other health benefits such as wellness programs.

Stover also said employers that are considering doing away with health benefits entirely and providing higher compensation to compensate workers for the lost benefit “really have no tax-effective way” to do so without the compensation becoming taxable. “There really isn't a tax-effective way for an employer to eliminate their program and give money to their employees to go buy a marketplace coverage plan instead,” he said. “Most employers that I'm talking with, at least at this point, are not actively considering now ending health care plan sponsorship.”

But he warned “that could be a very different scenario” 20 or 30 years from now if the tax ultimately applies to all health plans. “My concern is we may be at the beginning stages of what we've already seen with defined benefit pension plans on the health care side with this increased complexity, regulations, requirements, taxes, with employers, over time, getting out of the sponsorship of the benefits,” Stover said.

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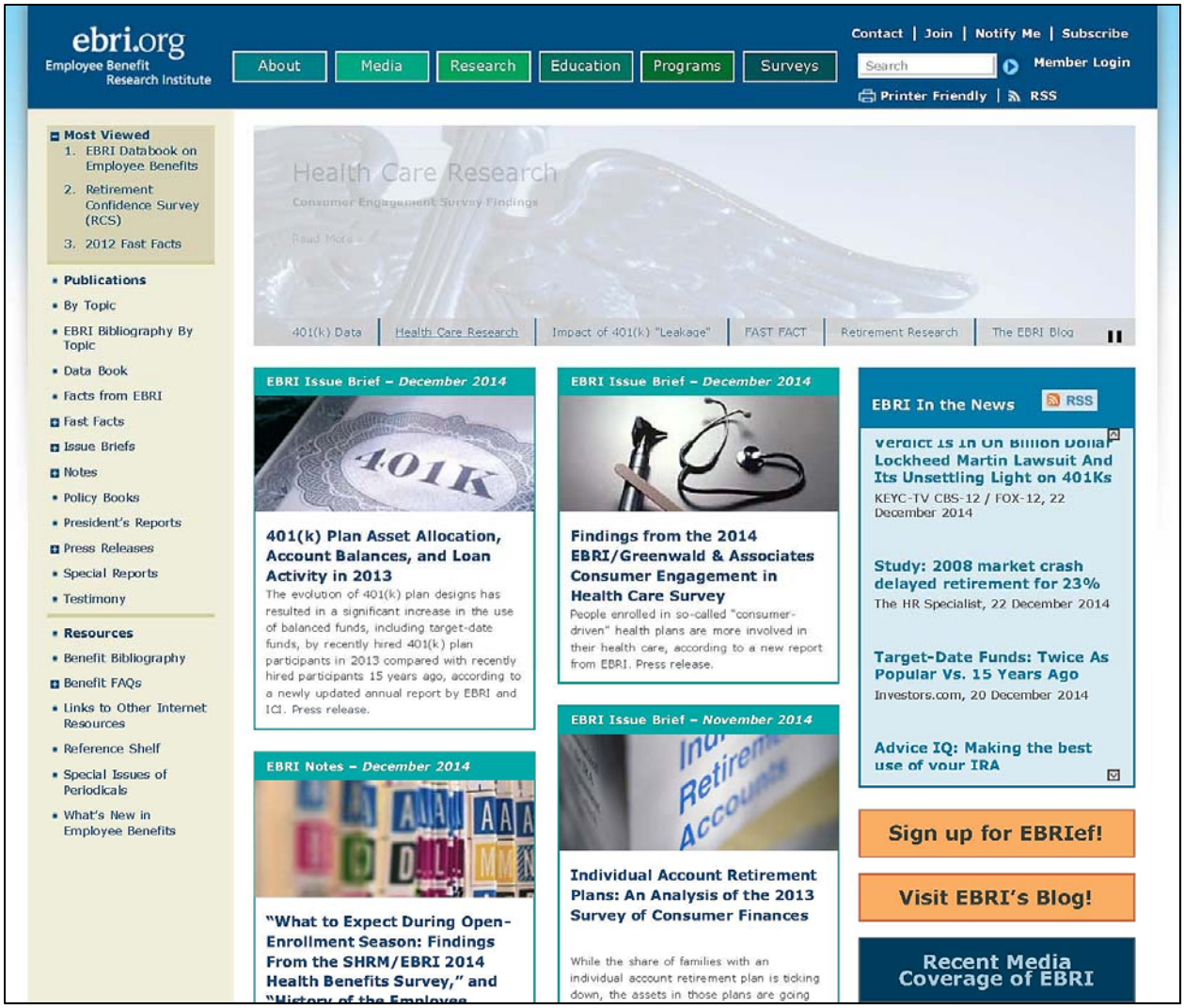

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