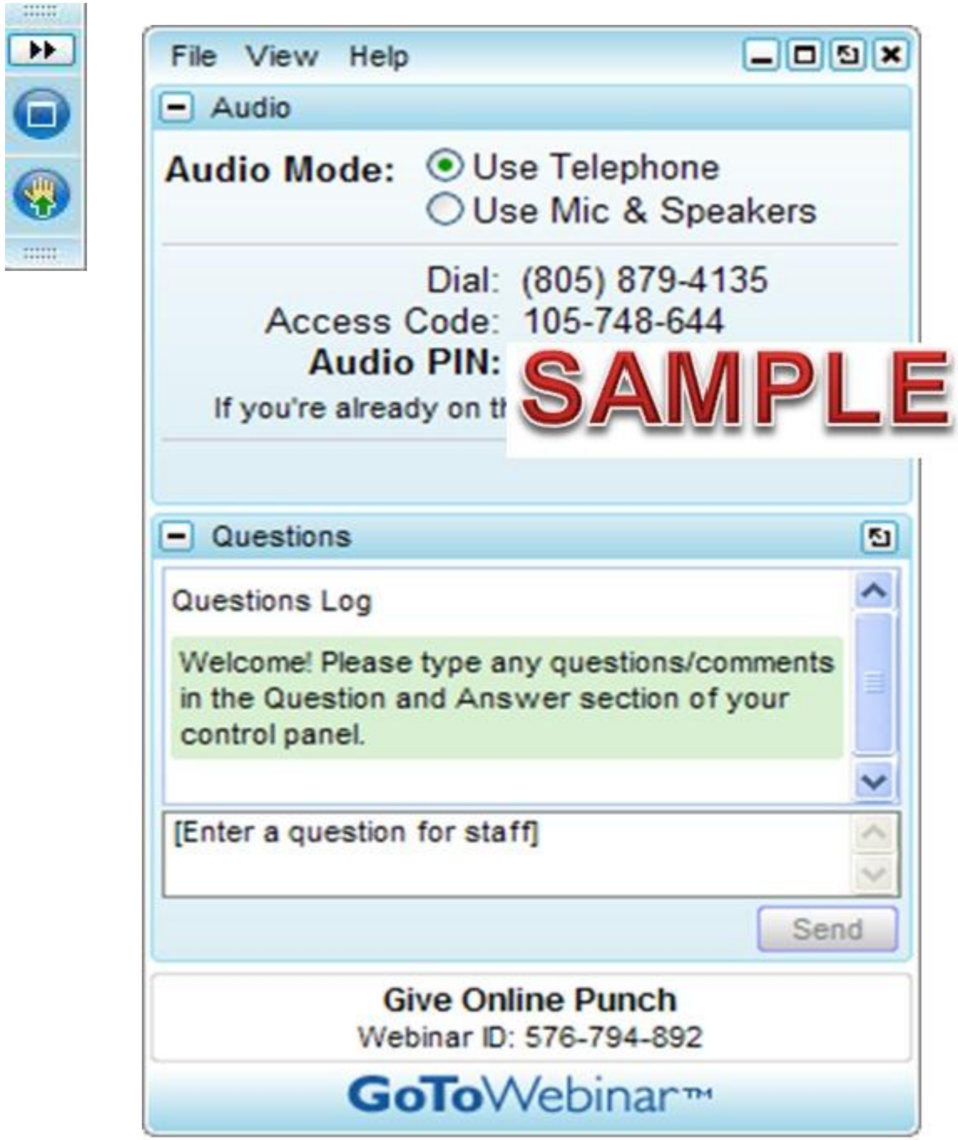
Innovative MEC & Skinny Plans
How to Avoid Employer Penalties

Moderated by
Patrick C. Haynes, Jr., Esq., LL.M.

CrawfordAdvisors, LLC
Consulting | Brokerage | Compliance | Communication | Administration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Patrick C. Haynes, Jr.

Today's moderator

As counsel for Crawford Advisors' Employee Benefits and Executive Compensation Group, Mr. Haynes advises employers and plan sponsors in a variety of health and welfare benefit plan compliance matters, including, but not limited to, tax qualification and other Internal Revenue Code issues, ERISA, COBRA and HIPAA portability and privacy issues. Mr. Haynes lectures frequently and has published many articles on health and welfare benefit plan compliance topics.

Practice Areas

Employee Benefits & Exec Comp, ERISA, COBRA, HIPAA, §125, and §§ 105, 106, 129, 132

Education

Temple University School of Law, LL.M.
Rutgers University School of Law, J.D.
Rutgers University School of Business, M.B.A.
Rutgers University College of Arts & Sciences, B.A.

Admitted to Practice

U.S. Supreme Court
Federal and State Courts of
- New Jersey
- Pennsylvania
- Connecticut
- District of Columbia

UnitedHealthcare

Patti Walsh

Today's presenter

As Vice President of Sales and Distribution for UnitedHealthcare's Innovation Center of Excellence, Patti's responsibilities include vetting the feasibility of new concepts in healthcare with clients and consultants, determining the appropriate distribution plan for new pilots, identifying pilot participants and assessing the viability of potential commercial product launch.

Patti previously served as Strategic Client Executive in UnitedHealthcare National Accounts, responsible for developing relationships with some of UnitedHealth Group's largest clients. She is known for ensuring that her customers remain on the forefront of industry innovation while utilizing emerging products and services. During her six year tenure in sales she was twice recognized with Pinnacle attainment, UnitedHealth Group's highest sales award.

Ms Walsh has a BS from Syracuse University and an MBA with Honors from the University of Connecticut. She is a licensed Health and Life Producer in Connecticut.

Roadmap

1) Employer Mandate Review
   a) Timeline
   b) Penalties
   c) Examples
2) MEC Review
   a) What are Skinny Plans?
   b) How do they remain compliant under PPACA?
   c) Is there any exposure risk to fees/penalties?
3) UHC Innovative Solutions
   a) Preventive Plan Options
   b) Online Resources
   c) Health Reform Mandates

Employer Mandate

Review

An Overview

Employers must offer health insurance that is affordable and provides minimum value to their full-time employees and their children up to age 26 or be subject to penalties. This is known as the ***employer mandate***. It applies to employers with 50 or more full-time employees (or full-time equivalents) and will be phased in during 2015 and 2016 based on employer size. Employees who work 30 or more hours per week are considered "full-time". This chart shows how the ***employer mandate*** will be phased in based on employer size.

Employer Size	2015 Plan Year	2016 Plan Year and Beyond
1-49 full-time employees	Does not apply	Does not apply
50-99 full-time employees*	Does not apply	Employer must offer coverage to 95% of full-time employees and dependents to age 26
100 or more full-time employees	Employer must offer coverage to 70% of full-time employees and dependents to age 26	Employer must offer coverage to 95% of full-time employees and dependents to age 26

* For 2015, these employers will need to certify that they are not reducing the size of their workforce to stay below 100 employees.

The Employer Mandate & Employer Penalties

Q: What Are the coverage Requirements and penalties?

A: Employers subject to the employer mandate are required to offer coverage that provides “minimum value” and is “affordable.” The chart below explains these requirements and the penalties that apply if they are not met.

Do you offer coverage?

No → $2,000 per FTE (minus first 30)* Applies if one full-time employee receives federal premium subsidy for Marketplace coverage.

Yes ↓

Does the plan provide “minimum value”? (60% of total allowed costs)

No → Lesser of: $3,000 per FTE receiving that is receiving a subsidy or $2,000 per FTE (minus first 30)*

Yes ↓

Is the coverage affordable? (less than/= to 9.5% of income to purchase EE-only tier)

No → Lesser of: $3,000 per FTE receiving that is receiving a subsidy or $2,000 per FTE (minus first 30)*

Yes ↓

No Penalty

* For plan years beginning in 2015, the penalty is $2,000 for each full-time employee minus the first 80 employees. For plan years beginning in 2016 and beyond, employers can exclude 30 employees from the penalty calculation. See questions 38 & 39, IRS’ FAQs. http://www.irs.gov/uac/Newsroom/Questions-and-Answers-on-Employer-Shared-Responsibility-Provisions-Under-the-Affordable-Care-Act

The Employer Mandate & Employer Penalties

Q: How do I determine if my plan provides "minimum value"?

A: A plan provides "minimum value" if it pays at least 60% of the cost of covered services (considering deductibles, copays and coinsurance). HHS has developed a minimum value calculator that can be used to determine if a plan provides minimum value. The minimum value calculator is available at http://www.cms.gov/site-search/search-results.html?q=minimum%20value%20calculator

Q: How is "affordable" coverage determined?

A: Coverage is considered "affordable" if employee contributions for coverage at the employee-only tier do not exceed 9.5% of an employee's household income. There are three safe-harbor methods for determining affordability:

- 9.5% of an employee's W-2 wages (not reduced for salary reductions under a 401(k) plan or cafeteria plan)
- 9.5% of an employee's monthly wages (hourly rate x 130 hours per month)
- 9.5% of the Federal Poverty Level (FPL) for a single individual

Examples of Employer Penalties

- The employer does not offer coverage to full-time employees

  The penalty is $2,000 per employee, excluding the first 30 employees*. This example shows how the penalty would be calculated.

Employer	Trigger	Penalty
500 full-time employees No coverage offered	1 employee purchases coverage on the Marketplace and is eligible for a federal premium subsidy	$2,000 per employee, minus the first 30 employees* 500 – 30 = 470 employees **470 x $2,000 = $940,000 penalty**

- The employer offers coverage that does not meet the minimum value and affordability requirements

  The penalty is the lesser of the two results, as shown in this example.

Employer	Trigger	Penalty
1,200 full-time employees Employer offers coverage, but coverage is not affordable and/or doesn't provide minimum value	The penalty is triggered if 1 employee purchases coverage on the Marketplace and receives a federal premium subsidy 250 employees purchase coverage on the Marketplace and are eligible for a subsidy	Lesser of $2,000 per employee, minus the first 30 employees* OR $3,000 per employee receiving a federal premium subsidy 1,170 x $2,000 = $2,340,000 penalty **250 x $3,000 = $750,000 penalty** (lesser penalty applies)

For plan years beginning in 2015, the penalty is $2,000 for each full-time employee minus the first 80 employees. For plan years beginning in 2016 and beyond, employers can exclude 30 employees from the penalty calculation. See questions 38 & 39, IRS' FAQs.
http://www.irs.gov/uac/Newsroom/Questions-and-Answers-on-Employer-Shared-Responsibility-Provisions-Under-the-Affordable-Care-Act

Skinny Plans

An introduction

The golden formula: MEC = Preventive Care

- "Skinny plans" or "No minimum value plans" are barebones plan designs whose genesis has come from a loophole in the healthcare law.
  - They are composed of self-funded preventive care and a set of fully-insured limited benefits.
- Most people confuse Minimum Essential Coverage with Minimum Essential Benefits like maternity care… which must be offered in plans to individuals and small employers.
  - Minimum Essential Coverage for Large Employers is actually equal to preventive care.
    - Therefore large employers can offer preventive care benefits like *doctors visits* and *generic drugs* without offering much in the way of care… and they are considered to be offering insurance coverage.

How do Skinny Plans comply with the ER mandate?

- Skinny plans **DO** avoid the $2,000 per employee fine for large employers IF 70% of employees are eligible to participate in 2015 (offered), or 95% in 2016.
- If an employee in a large firm enrolls in a Skinny Plan, it **DOES** shield that person from the individual mandate fine. In order to avoid the individual mandate an employee in employer-sponsored coverage must have "minimum essential coverage", which we have already established means preventive benefits for large employers.*
- Skinny plans are plans that **DO NOT** provide minimum-value to employees (Do not provide 60% actuarial value).
- Standing alone, Skinny Plans **DO NOT** provide relief from the $3,000 per employee subsidy fine;
- Skinny plans only cost between **$40-$100** dollars a month in premium for employee-only coverage.

*http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage

For large employers, offering Skinny Plans can make sense!

By offering these plans, employees receive minimum essential coverage **and avoid the individual mandate**.

For many lower income and young employees, <u>they are simply concerned with compliance</u> and will sign up for the Skinny Plan to avoid the premiums that they will face in the exchange. Coverage only costs between **$40-$100 dollars a month**.

By offering Skinny Plans with a low level bronze plan, employer's should be able to satisfy participation/offer requirements and **avoid the $2,000 pay or play penalty.**

Employers are vulnerable to the $3,000 penalty, **but only if employees actually receive a subsidy** (Falling within 133-400% of the Federal Poverty Rate). If you offer indemnity benefits on top of a lower level bronze plan it can satisfy the needs of management and executives.

Typical Skinny Plan Structure

"No minimum value" plan

offered **to:**
low wage
high turnover
employees

Lowest level bronze plan

This keeps plans compliant with the $3,000 ER fine

A higher level executive/ management benefit

Typically this would involve adding a high level <u>indemnity benefit</u> on top of the bronze plan

Different ways to Offer Skinny Plans

Option 1:

- Offer a "Skinny Plan" as a standalone option bundled with a limited benefit offering. This design would leave the employer open to the $3,000 per employee fine for those employees that opt out and go to the exchange, **but only those that receive subsidized coverage**. The large employer would avoid the $2,000 penalty only if it offers coverage to 70% of EEs in 2015 or 95% in 2016. The offering satisfies the individual mandate on the employee level.

Option 2:

- Offer a Skinny Plan and a second plan that meets affordability and minimum value… e.g. the lowest level bronze plan available. This way any employee that opts out of coverage would not make the employer subject to the $3,000 fine. The low-income employees would then be able to have a low cost option while the employer will avoid all fines. The employer can also tack on supplemental benefits for manager and executives. This is the most common option for large employers. The offering satisfies the individual mandate on the employee level.

Option 3:

- Offer a comprehensive plan where employees pay for the majority of the premium. Low-wage workers will be forced onto the exchange. This "make-it-unaffordable strategy" leaves the ER susceptible to the $3,000 penalty.

FAQs

- **Does the government know about this loophole? Could this be loophole be taken away?**
  - The government does know about the loophole, but have yet to provide further clarification on a minimum level of coverage for large employers.
  - In the original Massachusetts model a skinny plan would not be considered valid coverage.
  - HHS could disqualify these plans by providing formal guidance at any time.
- **But what about OOPMaxes… don't costs stop at $6,350/$12,700?**
  - No, OOPMaxes are for covered care only, and skinny plans don't cover much care.
- **For self-funded plans… is it OK to discriminate by offering a rich benefit plan to managers and limited benefits to hourly workers?**
  - It is OK to discriminate because the non-discrimination rules contains exceptions for high-turnover workers.
  - However, if you cannot document the "high-turnover workers" you must pass section 125 and Section 105(h) nondiscrimination testing.

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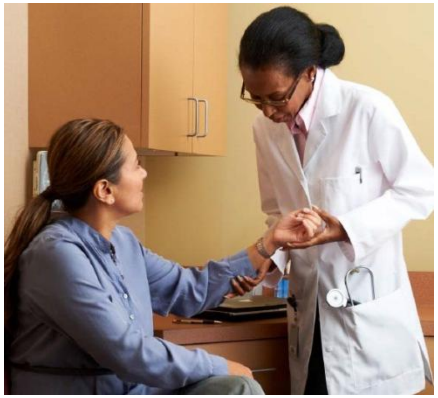

UnitedHealthcare Innovative Solutions for Part-time Workers

UnitedHealthcare
Innovation Center of Excellence

UnitedHealthcare Preventive and Wrks4me combined works for you and your employees …

- The combination of UnitedHealthcare Preventive and a comprehensive 60% AV plan like Wrks4me may fulfill your requirements as an employer, while also increasing employee satisfaction by offering choice regarding benefit options.

  - **UHC Preventive Plans** minimum essential coverage provide affordable plan choices that help employees meet the **individual mandates**[1]
  - **Wrks4me** medical plan provides comprehensive coverage that **satisfies individual and current 2015 employer reform mandates**[1]
  - The **Wrks4me portal** enables employees to easily obtain the information they need, making on-line self-service enrollment simple. It provides employers with a complete enrollment and ongoing eligibility solution, all in one place.

Offering both Preventive and Wrks4me may result in lower employer cost while providing your employees choice to meet their affordability and lifestyle needs.

1 Customers should consult with their counsel with respect to any legal interpretations and to determine their legal obligations under PPACA.

Choice is the optimum solution for the lowest potential cost

Consider offering UnitedHealthcare Preventive and Wrks4me comprehensive plans either standalone or in combination for employee choice:

Preventive

Satisfies individual mandate.

Two plan design options:

1. Preventive Care only
2. Preventive Care + 2 sick office visits
3. Rx discount card and

Critical Illness and Accident coverage can be added

60% AV Plan

Satisfies individual and employer mandates[1].

- Comprehensive coverage
- 100% Preventive Care
- Employers have a range of deductible choices
- Enables a minimum value (60-75%) strategy

Portal

A Portal supports all of these scenarios by:

- Offering specialty product choices all in one place
- Providing online tools to assist employees with decision-making
- Enrolling members and maintaining eligibility on an on-going basis
- Producing payroll deduction and enrollment files for the employer

1 Customers should consult with their counsel with respect to any legal interpretations and to determine their legal obligations under PPACA.

UnitedHealthcare Preventive Plan Options

- Includes In-network benefits only through the Options PPO network
- Does not include coverage for non-preventive care ordered/recommended during preventive visits
- 100% coverage → No deductibles, no copays
- No annual or lifetime limits

Plan 1	Plan 2	Supplemental Options
All services defined by UnitedHealthcare as preventive, including all preventive services mandated by health reform: • Annual physical/OB/GYN check up • Mammogram • Immunizations • Colorectal cancer screenings • Women's preventive contraceptives • Well-child care • And other preventive tests/screens included in the ACA	**Preventive services as covered in Option 1** **PLUS** **2 Sick Office Visits**[1] per member per year	**Option 1 *or* Option 2** **PLUS** • **Critical Illness**[2]**, and/or Accident insurance**[2] • **Vision** • **Dental** • **Pharmacy Discount Program** (may be automatically included)
Claims Cost Estimates[3]**:** **$29 single, $61 family** **$35 average PEPM**	**Claims Cost Estimates**[3]**:** **$56 single, $116 family** **$67 average PEPM**	Cost of supplemental coverage can be tailored to customer needs from as low as $5 PEPM on up (in addition to base costs for Options 1 & 2)

1 Related services such as X-rays, lab tests, etc. are not covered under the UnitedHealthcare Preventive plans.
2 Handled separately from health insurance. Lump sum benefit is paid directly to insured, not to provider. These plans may vary by state or may not be available in all states.
3 Claims cost estimates are based on an average census, average age and average single/family mix in an average cost area. Specific customer characteristics will affect the actual expected claims cost. Family assumes 1.3 size.
4 Does not include ASO fee, this will vary by client
5 These costs estimates are for 2014. 2015 costs would need to be increased with a trend of 8% for plan 1 and 6.4% for plan 2.

Supplemental Options – Critical illness and accident insurance

Critical Illness Protection Plan		Accident Protection Plan**
Cancer • Cancer • Carcinoma in situ* **Cardiovascular** • Heart attack • Heart failure • Stroke • Ruptured aneurysm • Coronary artery bypass* *Partial Benefit -- see Benefit Summary or Certificate of Coverage for specific provisions.	**Other** • Coma • Chronic renal failure • Paralysis • Major organ failure • Severe burns • Severe brain damage	**Base Benefits** • Accidental death and dismemberment – Life, Limb, Accidental Death Common Carrier • Initial Care – Ambulance, emergency room, physician visits • Hospital Care – Hospital and ICU admissions & confinement **Enhanced Benefits** • Follow-up care – X-rays, physical therapy • Common injuries – Fractures, concussions, burns, cuts ** See schedule of benefits or certificate of coverage for coverage levels

Coverage Options	A	B	C	Coverage Options
Employee	$5,000	$10,000	$20,000	**Range of pricing is available for critical illness and/or accident coverage based on coverage options selected (from $5 PEPM on up)**
Spouse	n/a	$5,000	$10,000	
Child(ren)	n/a	$2,500	$5,000	
Employee must be enrolled for coverage in order for Dependent(s) to be eligible Employee may purchase Option B or C without purchasing Dependent coverage				Employee must be enrolled for coverage in order for Dependent(s) to be eligible Dependent coverage must match Employee coverage

Critical Illness and Accident Protection Plans may vary by state or may not be available in all states.

Prescription Savings Program add on

- Network of more than 62,000 pharmacies nationwide
- Savings average over 36%, with potential savings up to 75% (will vary depending on the medication, dosage and participating pharmacy used).
- Website available for members to see estimated pricing information and location of participating pharmacies
- Unlimited use at participating pharmacies, can be used for everyone in the household, every medication is eligible for savings

The Best Price Advantage…

The Best Price Advantage means if a drug is ever "on sale," or if the pharmacy price is less than the discounted price, the member will pay the lower of the two prices on retail prescription purchases.

Member goes online and prints id card → Member presents card at participating pharmacy → Discount is applied → Member pays discounted price at point of sale

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Wrks4me - Comprehensive coverage with choices

Core Benefits:

- All essential Medical and Rx benefits (80% after deductible)
- 100% Preventive Coverage
- 2 Sick Visits covered at 100%
- Range of deductible options ($2000- $6000)

Employee's choice when selecting optional benefits:

+ Dental:

Coverage for comprehensive dental services like cleanings, fillings, oral surgery, crowns, etc.

+ Vision:

Coverage for one eye exam and one set of glasses or contacts a year

+ Pharmacy Savings:

Flat rate of $10 for many of the most widely prescribed medications

Enrollment Portal

Estimated Actuarial Values of Various Wrks4me Deductibles

Plans have been designed to provide a range of actuarial values that fit employer financial strategies

Core Medical Plan	Option 1	Option 2	Option 3	Option 4	Option 5
Annual Deductible	$2,000 individual / $4,000 family	$3,000 individual / $6,000 family	$4,000 individual / $8,000 family	$5,000 individual / $10,000 family	$6,000 individual / $12,000 family
Annual Out-Of-Pocket Maximum	$4,000 individual / $8,000 family	$6,000 individual / $12,000 family	$6,000 individual / $12,000 family	$6,000 individual / $12,000 family	$6,000 individual / $12,000 family
Annual or Lifetime Maximum Benefit	None				
Essential Benefits	All benefits mandated by PPACA are covered				
First 2 Physician Office Visits (a)	Covered at 100%, no deductible, no copay				
Preventive Care	Covered at 100%, no deductible, no copay				
Physician Office Visits, after first 2	80%/50% after deductible				
Specialist Office Visits	80%/50% after deductible				
Urgent Care	80%/50% after deductible				
MRI/CAT Scan	80%/50% after deductible				
X-Rays and Lab	80%/50% after deductible				
Emergency Room	80%/50% after deductible				
Outpatient (Ambulatory Surg Center)	80%/50% after deductible				
Hospital Outpatient Visits	80%/50% after deductible				
Hospital Inpatient Admission	80%/50% after deductible				
Mental Health/Substance Abuse	80%/50% after deductible				
Retail or Mail Order Prescriptions					
Tier 1	80% after deductible				
Tier 2	60% after deductible				
Tier 3	50% after deductible				
Actuarial Value (AV)	73.2%	66.5%	63.7%	62.3%	61.4%

Web Portal

Employees can make benefit decisions

Compare medical plans and options to fit their lifestyle and price point

Use the selection tool:

"Best Fit Plan Advisor"

Manage dependent coverage based on life events

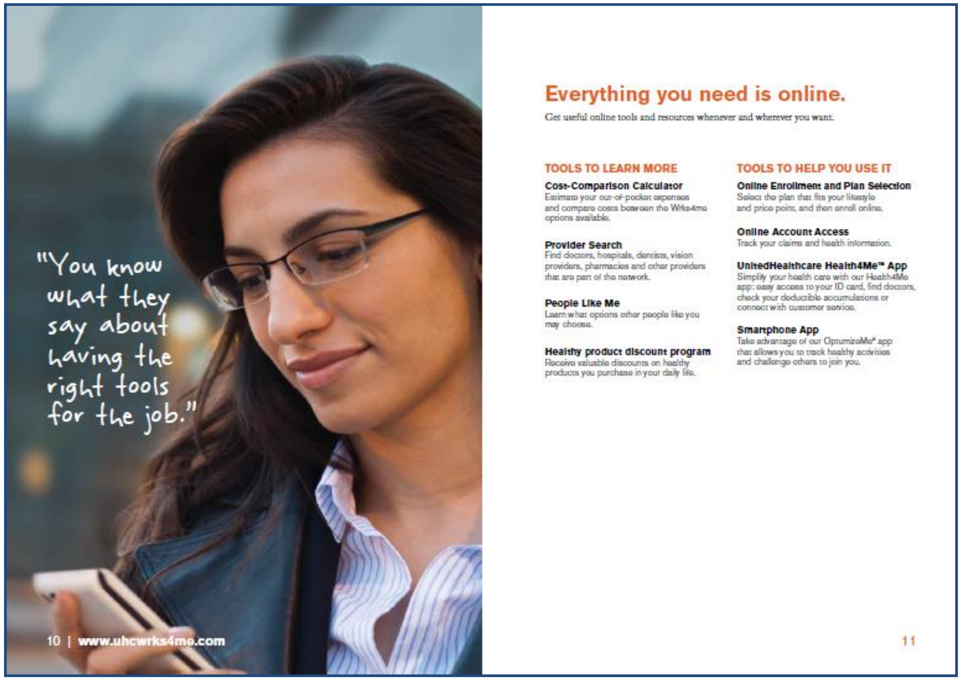
Dynamically see how benefit selections will impact payroll deductions

See educational tips targeted to singles and families

While helping to ease an employer's administrative burden

- Maintain enrollment information, no third party expenses
- Create an enrollment file in a format consistent with their other systems
- Calculate the payroll deductions for each employee and pass the information to the employer's payroll system or a payroll vendor

Online resources for your employees



"You know what they say about having the right tools for the job."

10 | www.uhcwrks4me.com

Everything you need is online.

Get useful online tools and resources whenever and wherever you want.

TOOLS TO LEARN MORE

Cost-Comparison Calculator
Estimate your out-of-pocket expenses and compare costs between the Wrks4me options available.

Provider Search
Find doctors, hospitals, dentists, vision providers, pharmacies and other providers that are part of the network.

People Like Me
Learn what options other people like you may choose.

Healthy product discount program
Receive valuable discounts on healthy products you purchase in your daily life.

TOOLS TO HELP YOU USE IT

Online Enrollment and Plan Selection
Select the plan that fits your lifestyle and price point, and then enroll online.

Online Account Access
Track your claims and health information.

UnitedHealthcare Health4Me™ App
Simplify your health care with our Health4Me app: easy access to your ID card, find doctors, check your deductible accumulations or connect with customer service.

Smartphone App
Take advantage of our OptumizeMe® app that allows you to track healthy activities and challenge others to join you.

11

ENROLLMENT IS EASY

1. Log into Wrks4me portal
2. Decision tools help to select the plan features that fit their lifestyle and price point
3. Verify dependent coverage and follow the remaining steps to complete the enrollment process

Decision tools exclusively for Wrks4me

- **Cost Calculator:** Estimate out of pocket expenses and compare costs of plan options
- **People Like Me:** Learn what options other people may have chosen

Plus the tools all UHC members have

- **Provider Search:** Find in-network doctors, hospitals, dentists, pharmacies
- **Online Account Access:** Track claims and health information

Health Reform Mandates and UnitedHealthcare Options

UnitedHealthcare Preventive counts as "minimum essential coverage" for purposes of the employer and individual mandates[1]

Individual Mandate

UnitedHealthcare Preventive will satisfy the **individual mandate** for employees but may effect their eligibility for premium subsidies on an exchange

Employer Mandate

The 2015 **employer mandate in addition to the individual mandate** are satisfied when a UnitedHealthcare comprehensive plan (60% minimum value[2]) such as Wrks4me is available to at least 70% of the full-time employees, as long as the comprehensive plan is considered affordable. A comprehensive option is required for 30+ hour workers

A dual-option approach with UnitedHealthcare Preventive and Wrks4me may result in lower employer cost than a comprehensive plan alone

1 Customers should consult with their counsel with respect to any legal interpretations and to determine their legal obligations under PPACA.
2 Minimum Value = percentage of "allowed costs" expected to be paid by the plan

Do you know your skinny plans?

Poll Questions

1 Private, 4 Public (results shared)

Private Polling Question→

Would you be interested in discussing skinny plans with Crawford Advisors?

Question 1

Minimum Essential Benefits are needed to satisfy the Employer Mandate in both the Large and Small Group Market.

A) True

B) False

Question 1 - explained

Minimum Essential Benefits (MEB) – an improper combination of two different concepts and definitions.

Minimum Essential Coverage (MEC) - The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. Each SBC (Summary of Benefits and Coverage) issued on/after 1/1/2014 has to indicate if it meets the required standards.

Some types of coverage do not qualify as minimum essential coverage. These include hospital indemnity policies (that pay a fixed dollar amount per day when you are hospitalized), discount plans, short-term nonrenewable policies, or plans that provide coverage only for a specific disease (i.e., cancer-only policies). Companies that sell these products, also called "excepted benefits," are required to notify you if they don't qualify as minimum essential coverage. If you receive such a notice, and don't obtain other coverage that is minimum essential coverage, you may have to pay a tax penalty.

Essential Health Benefits (EHB) - A set of health care service categories that must be covered by certain plans, starting in 2014.

The Affordable Care Act ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace, offer a comprehensive package of items and services, known as essential health benefits. Essential health benefits must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Insurance policies must cover these benefits in order to be certified and offered in the Health Insurance Marketplace.

Question 2

If a large employer offers a "skinny plan", is the employer subject to the $3,000 fine for all individuals that go to the exchange?

A) Yes

B) No

Question 3

Why is the individual mandate satisfied by Skinny Plans?

A) The individual mandate isn’t satisfied by Skinny Plans.
B) Skinny Plans are considered affordable coverage.
C) Skinny Plans offer preventive care.

Question 4

UnitedHealthcare Works4Me plan satisfies both individual and employer mandates

A) True

B) False

Takeaways

- Both insurance carriers and legislators alike are looking for ways to quell the significant costs attributed to PPACA.
- Of the two examples we've looked at today, the carriers have been more successful than the legislators at finding ways to cut costs.
- Skinny Plans serve as a tool to avoid with burdensome fines for both employees and employers.
- Many employers have young/healthy people that are interested skinny plans because they are less concerned with rich/full coverage and are more concerned with:
  - complying with the individual mandate
  - saving money
  - getting preventive care

Questions

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