

EMPLOYEE BENEFITS GUIDE



BENEFITS OFFERING

In the past, merely providing health insurance and retirement benefits was sufficient to be thought competitive in terms of employee benefits. However, contemporary expectations now ask that employers offer a broader range of options.

There is a growing trend of increased mandates from the federal government, states, and local authorities regarding employee benefits. Consequently, it is imperative to reassess your benefits strategy to ensure compliance with legal obligations and alignment with the evolving needs of your workforce.

Take into account the distinctive needs of your employees. It is crucial to acknowledge that the priorities of today's workforce have shifted. The pandemic has led employees to shoulder more responsibilities, with many

grappling with hybrid or remote work schedules and some facing financial challenges.

Ask yourself:

Are you offering what your employees truly value?

Consider expanding your offerings. While certain benefits are considered standard, others, such as student-loan debt relief or paid volunteer hours, are gaining popularity due to increasing demand from employees.

HEALTH BENEFITS

Ask yourself these questions as you reevaluate your company's Benefits...

- Are you prepared for the projected increase in employer-sponsored health care costs each year?
- How valuable is health insurance — including for medical, dental and vision to your employees?
- What is the participation rate — for employees and their families — in your group health plan?

- How much is the cost-sharing amount? Is it in line with industry standards?
- If you're an applicable large employer under the Affordable Care Act, do you have an efficient system for administering the requirements of the Act?

Be sure to consider all the health benefits options available to you — such as fully insured versus self-insured plans; preferred provider organization (PPO), health maintenance organization (HMO), point-of-service (POS) and high-deductible health plans (HDHP); health savings accounts (HSAs), health flexible spending accounts (FSAs) and more...

WHICH BENEFITS ARE LEGALLY REQUIRED?

The legally required benefits for employees can vary depending on the jurisdiction and the size of the employer. In the United States, for example, there are certain federally mandated benefits, while states may have additional requirements.

Federally Mandated Benefits

- **Social Security and Medicare:** Employers are required to withhold Social Security and Medicare taxes from employees' wages and contribute a matching amount.
- **Unemployment Insurance:** Employers typically must contribute to state unemployment insurance programs to provide benefits to eligible unemployed workers.
- **Workers' Compensation:** Employers are generally required to provide workers' compensation insurance to cover medical costs and lost wages for employees who are injured or become ill on the job.
- **Family and Medical Leave Act (FMLA):** Eligible employees may take up to 12 weeks of unpaid leave per year for certain family or medical reasons while maintaining job protection.

State-Mandated Benefits (Varies by State)

- **Health Insurance:** Some states may have specific requirements for employers to provide health insurance or contribute to state-run programs. Per the Affordable Care Act, employers with more than

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State-Mandated Benefits (Varies by State)

50 full-time and full-time equivalent employees must offer qualified health insurance.

- **Sick Leave:** Many states have laws requiring employers to provide paid or unpaid sick leave to employees. Other types of employee leave may include, family leave, jury duty, voting, bereavement and domestic violence.
- **State Disability Insurance:** Some states mandate employers to provide short-term disability insurance or contribute to a state disability insurance program.
- **Minimum Wage and Overtime Pay:** Employers must comply with federal and state minimum wage laws, and eligible employees are entitled to overtime pay.
- **Meal and Rest Breaks:** Certain states have specific regulations regarding meal and rest breaks for employees during work hours.

It's essential for employers to be aware of and comply with the specific employment laws and regulations in their location. Requirements can change quickly, so consulting with legal counsel or relevant government agencies is advisable to ensure full compliance with all applicable laws.

IS OPEN ENROLLMENT STRESSING YOU OUT?

What seems to be the problem?

- Making sure all employees enroll in benefits
- Giving employees access to their options
- Providing accurate data to carriers
- Maintaining effective communication

Open Enrollment Mistakes To Avoid

- **Not Learning From the Past** - For example, your use of outdated technology last enrollment season resulted in a tedious, slow-moving process. You need a more efficient platform — one that will transform the next open enrollment experience.
- **Overestimating Employees' Benefits Knowledge** - It's important that employees understand their deductibles, copays, in-network providers, out-of-pocket expenses, qualifying life events, etc.
- **Failing To Use a Broker, Consultant, or Third-Party Administrator** - The demands of open enrollment vary— bringing in a benefits broker, benefits consultant or TPA can help minimize a lot of the stress that comes with open enrollment.

Ahola's Benefits Solutions are the cure!

- With built-in tracking and monitoring features, and reminders during the enrollment period
- Employee self-service, available from anywhere at any time
- All data syncs across the single code base HCM platform and more...

WHY AUTOMATE DATA TO INSURANCE CARRIERS?

3 Benefits of Automating Carrier Communications

1. The manual process is time-consuming and error-prone, which can put organizations at risk for costly errors and increased liability.
2. Working with third-party providers can create another set of issues, such as not having a monitoring or feedback system in place, not knowing if and when the benefits data was communicated and whether it was completed accurately.
3. Most benefits providers only allow groups with 100 or more employees to enroll using automated EDI technology. This prevents groups with low enrollment in specific plans from using this technology.

Communicating benefits enrollment data and life change events to carriers manually is disruptive, and time-consuming. This process requires timeliness and accuracy, which can be challenging, particularly for larger organizations.

Ahola has a solution to make this process as seamless as possible for clients and their HR teams. Carrier Connectivity - by reducing the manual process of communicating highly sensitive benefits data and connecting you to an extensive network of over 600 carriers.

ABOUT AHOLA

Founded in 1967, The Ahola Corporation is a family-owned company in Brecksville, Ohio.

Ahola confidently moves you forward™.

Our cloud-based human capital management solution integrates payroll, tax, time and attendance, benefits administration, and HR into one easily manageable system. We also offer additional solutions with learning and development, applicant tracking, and HR consulting.

In Fall 2019, Ahola updated the company branding which included a new slogan, *"It's more than just keeping you in business – that's maintaining."*



Access more free resources on payroll, human resources, benefits, tax compliance, and employee engagement at www.ahola.com.

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