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To: [E-OHPSCA-ER.EBSA](#)
Subject: Health Care Comment
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1) Automatic enrollment of full-time employees.

If this law requires every employer to cover every FT employee and all coverages will be the same, then I guess it is ok. If there will still be various types of coverages, then employees with a spouse should be able to select which type of coverage they want and from which employer. Of course all employers pay different amounts toward the cost and it becomes a cost/benefit consideration for married folks. And then covering only the employee or double or couple coverage? And what of two spouses working at different places? They both get covered? Whose paying? Whose covering the family? Currently there is choice of premium and benefits.

The 2012 premium requirement on the W-2 seems silly to me. It would be more logical to require that every company send in a statement as to what they cover, how much they pay for with health, for which types of employees and based on what criteria, with a schedule that applies to all employees and in what circumstances, rather than something related to total premiums paid on the w-2's. Even if a separate schedule was added to the 990 and other tax reporting form. That way you would have what the employer is doing vs what an individual received which varies totally on the type of contribution and the level of subsidy by the employer.

I hate to mention this, but since this seems so unfair based on where someone works, and what the employer contributes, a person who receives a family coverage subsidy (i,e,) vs a person who doesn't take the insurance, or vs an employer who hardly contributes should almost have this as a form of taxable income, just like pay. It would kill some of the low wage earners who have family coverage, but it does seem fair. Unless, of course, everybody gets health insurance for free, and then it wouldn't matter.

2) Employer shared responsibility - Picking a number seems dangerous. If you pick it low, ER's might reduce what they are paying. If you pick it high, ER's may go out of business. Paying large medical bills out of pocket is a genuine problem for people making up to \$50,000 just to pick a number. It's not such a big deal for someone making \$200,000. So perhaps there should be some index of coverage for those making x amount to y amount, etc. A pain for employers but would make the ER/EE contribution more fair, if based on income levels. But then, is that for the employee or the household?

3) We cover people starting on the first day of the month following hire, so if they had coverage, it is continuous.

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