

# A Legal Perspective: Evaluating Alternatives for Consumer-Driven Health Care

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# Overview

- Background and Basic Concepts
- Employee Spending Account Portion of CDHC:  
The Basics of HSAs, HRAs & Health FSAs
- Further Comparisons of HSAs, HRAs and FSAs
- Legal Considerations for Employers in Designing  
the Spending Account Portion of CDHC
- Designing CDHC Plans
- Implementing CDHC Plans
- Related Materials

# Background and Basic Concepts

- Three stages of evolution
  - “Provider-driven” traditional fee-for-service medicine
  - “Payer-driven” managed care
  - “Consumer-driven” health care (“CDHC”)
- CDHC plans have three basic elements:
  - High deductible insurance coverage
  - Health spending accounts (tax-sheltered)
  - Wellness/care management resources

# Background and Basic Concepts

- Theory of CDHC plans is to change the role of employees from passive beneficiaries to active, informed consumers. To do so, CDHC plans provide employees with:
  - Greater financial stake in medical spending, including choice between spending and saving available funds
  - More choice in health care providers
  - More information about provider costs and quality
  - More information about their own health problems, treatment alternatives and lifestyle choices affecting their health

# Background and Basic Concepts

- Health spending accounts under Internal Revenue Code:
  - *Health Savings Account ("HSA")*
    - Introduced by 2003 Medicare reform legislation
    - Successor to Medical Savings Accounts under HIPAA
  - *Health Reimbursement Arrangement ("HRA")*
    - HRAs with carryovers confirmed by IRS guidance in 2002
    - HRAs available prior to 2002 under I.R.C. Section 105
  - *Health Flexible Spending Account ("health FSA")*
    - Permitted under I.R.C. for more than 25 years; precursor to CDHC
    - Usually offered as a component of cafeteria plans

# Health Savings Accounts (HSAs): The Basics

- HSAs permit pre-tax employee and employer contributions (usually through cafeteria plans) and tax-free withdrawals for qualified medical expenses
- Assets are held and invested in separate account by outside custodian or trustee
- Assets are never forfeited to employer and unspent funds accumulate year-to-year; no use-it-or-lose-it rule
- No employer review and approval (adjudication) of account withdrawals; employees may withdraw for non-medical spending subject to paying taxes and (generally) 10% penalty

# Health Savings Accounts (HSAs): The Basics

- Eligibility for contributions to HSA conditioned on employee coverage under high deductible health plan (HDHP) and only limited coverage under low deductible plans
- To qualify as HDHP, insurance coverage must have deductible of at least \$1,050/\$2,100 for single/family coverage, and annual out-of-pocket maximum of \$5,250/\$10,500 (2006 amounts, indexed) (amounts apply for in-network expenses)
- Primarily regulated by IRS; HSAs are not subject to ERISA if certain requirements are met; other federal health laws generally not applicable

# Health Reimbursement Arrangements (HRAs): The Basics

- HRAs permit tax-free employer contributions and tax-free withdrawals for qualified medical expenses
- Employee contributions not permitted; employer contributions must be outside cafeteria plan
- Usually unfunded; employer “contributions” are credited to bookkeeping reserves within employer general assets
- Use-it-or-lose-it rule is not required (but is permitted). Employees may thus accumulate unspent account assets from year to year, but employer may set limit on permitted carryover

# Health Reimbursement Arrangements (HRAs): The Basics

- Employer or third party administrator reviews and approves (“adjudicates”) employee spending from HRA
- Forfeitures of unspent amounts permitted at termination of employment
- High deductible insurance coverage not required, but in practice most employers offer HRAs in conjunction with some form of high deductible plan
- Primarily regulated under Internal Revenue Code and ERISA; other applicable federal laws: ERISA, COBRA, HIPAA, NMHPA, MHPA, WHCRA, MSP, FMLA, USERRA

# Health Flexible Spending Accounts (FSAs) – The Basics

- Health FSAs permit pre-tax employee contributions and tax-free reimbursements for qualified medical expenses
- Usually funded by crediting employee salary reductions under cafeteria plans to bookkeeping reserves within employer general assets
- Employer or third party administrator reviews and approves (“adjudicates”) employee spending from account

# Health Flexible Spending Accounts (FSAs) – The Basics

- Use-it-or-lose-it rule applies: unspent funds are forfeited to employer at end of year; 2½ month grace period at year-end if plan so provides
- Uniform coverage rule applies: entire annual salary reduction available for employee to withdraw at beginning of year
- Primarily regulated under Internal Revenue Code and ERISA; other applicable federal laws: COBRA, HIPAA, NMHPA, MHPA, WHCRA, MSP, FMLA, USERRA

# Further Comparisons of HSAs, HRAs, and Health FSAs

- Eligibility
- Limits on Contributions
- Expenses Qualified for Payment or Reimbursement
- Adjudication Issues
- Funding
- Carryovers
- Nondiscrimination Rules
- Other Rules and Compliance Requirements

# Comparison of HSAs, HRAs, and Health FSAs - Eligibility

- **HSAs** – Any individual (including self-employed) who satisfies Code definition of “eligible individual” (see next page) as of first day of month is eligible to make or receive HSA contributions for that month. Withdrawals from HSA are permitted at any time without regard to whether HSA eligibility rules continue to be satisfied
- **HRAs** – Any employee or retiree is eligible; self-employed individuals are not
- **Health FSAs** – Any employee or former employee under COBRA is eligible; retirees, self-employed individuals are not (self employed individuals include partners, more than 2% Sub S shareholders, independent contractors)

# Comparison of HSAs, HRAs, and Health FSAs - Eligibility

- Additional requirements for eligibility to make or receive contributions to HSA:
  - Coverage by a HDHP
  - Non-HDHP coverage prohibited (other than permitted exceptions such as dental/vision coverage, long-term care, specific disease insurance)
  - Not enrolled in Medicare
  - Not claimed as someone else's tax dependent
- Note: HSA-eligible self-employed individuals may not make pre-tax contributions through cafeteria plan; instead they take above-the-line income tax deduction

# Comparison of HSAs, HRAs, and Health FSAs – Expenses Qualified for Payment or Reimbursement

- **HRAs** – Unreimbursed medical expenses under Section 213(d) of the Code. Includes *insurance premiums* – even for Medicare Part B or Medicare supplemental policies and long term care insurance (but no long term care services). Expenses incurred post-employment are payable if HRA includes spend-down provisions.
- **Health FSAs** – Unreimbursed medical expenses under Section 213(d) of the Code. Insurance premiums and premiums for not qualified long term care services may not be paid or reimbursed. Post-employment spend-down provisions not permitted.

# Comparison of HSAs, HRAs, and Health FSAs – Expenses Qualified for Payment or Reimbursement

- **HSAs** – Unreimbursed medical expenses under Section 213(d) of the Code are tax-free. No insurance premiums (except for COBRA coverage, long term care insurance, health insurance while unemployed, and post-65 health insurance policy.) No Medicare supplemental policies.
- **HSA distributions** are allowed for non-medical purposes but will be taxable and subject to 10% excise tax unless certain exceptions are met (e.g., post age 65 and death).

# Comparison of HSAs, HRAs, and Health FSAs - Adjudication

- **Health FSAs** – Expenses must be substantiated and adjudicated (or auto-adjudicated).
- **HRAs** - Expenses must be substantiated and adjudicated (or auto-adjudicated).
- **HSAs** – No adjudication by employers is required or permitted. Participant must keep receipts in a “shoe box.”

# Comparison of HSAs, HRAs, and Health FSAs - Adjudication

## ■ Health FSAs & HRAs –

- *Debit cards* - can be used to auto-adjudicate co-pays (including multiples of co-pays), recurring expenses, and real-time verified expenses (only at vendors with health MCCs); and expenses under an inventory information approval system (at any vendor/strict recordkeeping requirements).
- *EOB rollovers* – insurers send EOBs to TPAs who make automatic reimbursements from HRAs and health FSAs to participants.

## ■ HSAs –

- *Debit cards* - can be used (with medical filtering) but employee must have another method of obtaining money from account.
- *EOB rollovers* – permitted but undesirable to employee whose goal is saving money in an HSA.

# Comparison of HSAs, HRAs, and Health FSAs – Funding

- Contributions –
  - **Health FSAs** – Salary reductions or employer contributions
  - **HRAs** - Employer contributions only (but not under the cafeteria plan)!
  - **HSAs** – Salary reductions or employer contributions through a cafeteria plan, other employer contributions, after-tax contributions of individual

# Comparison of HSAs, HRAs, and Health FSAs – Funding

- Contribution limits –
  - Health FSAs – None, if non-discriminatory
  - HRAs – None, if non-discriminatory
  - HSAs – Lesser of HDHP deductible or \$2,700 for self-only coverage and \$5,450 for family coverage (2006 amounts). Additional “catch-up” contributions permitted for individuals age 55 and over. Catch-up amount is \$700 for 2006, increasing \$100/year up to \$1,000.

# Comparison of HSAs, HRAs, and Health FSAs - Carryovers

- **HSAs** – carryovers required
- **HRAs** – carryovers permitted, not required
- **Health FSAs** – no carryover yet (except for 2½ month grace period)
  
- Carryover is fundamental to CDHC; it is intended to change employee focus from annual spending and forfeiture to long-term medical and financial benefits resulting from careful attention to health care and spending

# Comparison of HSAs, HRAs, and Health FSAs – Nondiscrimination Rules

- **Health FSAs** - Cannot discriminate in favor of highly compensated individuals as to eligibility to participate or benefits
- **HRAs** - Cannot discriminate in favor of highly compensated individuals as to eligibility to participate or benefits
- **HSAs** – Contributions must be “comparable” unless offered through a cafeteria plan — then must satisfy cafeteria plan non-discrimination

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Comparability Rule for HSAs
  - Final regulations issued July 31 regarding comparable contributions
    - General Rule: Employers choosing to contribute to HSAs must make comparable contributions to the HSAs of all groups of comparable employees (or subject to 35% excise tax)
      - Exclude collectively bargained, self-employed, and employees ineligible for HSAs
      - Test different groups: full-time employees, part-time employees, former employees, self-only and family coverage (with three tiers: self +1, self +2, self + 3 or more)
    - Exception: Comparability rule does not apply to employer contributions made “through” a cafeteria plan

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Comparability Rule for HSAs
  - When are employer contributions to HSAs made “through” a cafeteria plan?
    - If employees can make contributions to their HSA by salary reduction through the cafeteria plan, then any additional employer contributions are also “through” the cafeteria plan
      - Even if some employees do not make salary reductions
      - Do not need to offer a cash out option for employer contribution
    - If cashable flex credits are available for HSA contributions, then would be considered “through” the cafeteria plan, even without salary reductions.
    - Non-cashable flex credits?

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Sick or vacation leave contributions –
  - **Health FSAs** – can sell time under cafeteria plan and put money in Health FSA
  - **HRA** – can contribute unused sick or vacation time to HRA, either when active or retiring
  - **HSAs** – can sell time under cafeteria plan and put money in HSA

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Uniform Coverage Rule or Pay As Funded?
  - **Health FSAs** – Uniform Coverage Rule applies (i.e., the entire annual salary reduction amount must be available for withdrawal from beginning of year)
  - **HRAs** – can pay as funded or advance funds
  - **HSAs** – can pay as funded – be careful in advancing funds

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Election Changes
  - **Health FSAs** – Subject to strict rules regarding changes of elections
  - **HRAs** – No change of election rules
  - **HSAs** – Can change election as often as you want, as long as it is prospective (no election changes between general purpose health FSA and limited purpose health FSA)

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- COBRA
  - Health FSAs – COBRA rules apply, with a special limitation
  - HRAs – COBRA rules apply (sometimes unclear how)
  - HSAs – no COBRA (but this account is portable and non-forfeitable)

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Ordering Rules
  - Health FSAs – generally the payor of last resort. If Health FSA and HRA offered together, can draft so that HRA is payor of last resort.
  - HRAs – can be payor of last resort or pay before the Health FSA
  - HSAs – no ordering rules

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Earnings
  - Health FSAs – typically no earnings; if in trust, then non-taxable
  - HRAs – typically no earnings; if in trust, then non-taxable
  - HSAs – typically will be earnings, which will be tax-free

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- HIPAA and ERISA
  - **Health FSAs** – HIPAA and ERISA will apply to most employers
  - **HRAs** – HIPAA and ERISA will apply to most employers
  - **HSAs** – HIPAA and ERISA typically will NOT apply (see DOL Field Assistance Bulletin 2004-1 regarding application of ERISA).

# Comparison of HSAs, HRAs, and Health FSAs – Other Rules

- Medicare Part D
  - **Health FSAs** – no Notices required; reimbursements for prescription drugs count toward out-of-pocket limit for retirees but are not eligible for subsidy
  - **HSAs** – no Notices required; reimbursements for prescription drugs count toward out-of-pocket limit for retirees but are not eligible for subsidy
  - **HRAs** – Notices were required by November 15, 2005; reimbursements do not count toward out-of-pocket limit for retirees but may qualify for subsidy!

# Considerations for Employers in Choosing the Spending Account Portion of CDHC

- Retiree coverage — both HRAs and HSAs are suitable
- Employer involvement in retiree coverage
  - HRA withdrawals continue to be administered by employer after retirement
  - HSA withdrawals are never administered by employer
- Reimbursable expenses for retirees
  - HRAs may pay premiums for Medicare Part B, Medicare supplement policies, long term care insurance
  - HSAs may pay costs of qualified long term care insurance contracts and, after age 65, may pay for any health insurance other than Medicare supplement policies

# Considerations for Employers in Choosing the Spending Account Portion of CDHC

- Coordination Issues – Should you combine an HRA, a health FSA, and/or an HSA?
- Coordinating HRAs with health FSAs
  - Design options and limitations
    - Contributions – no direct or indirect funding of HRA with salary reduction money
    - Limit allowable expenses?
    - Allow carryovers or spend-downs?
    - How should withdrawals be ordered?
    - Transitional issues – plan documents and forms

# Considerations for Employers in Choosing the Spending Account Portion of CDHC

- Coordinating HSAs with health FSAs
  - Design options
    - Limited purpose health FSA
      - Vision, dental, preventive care, mix and match
      - Problems: How do you administer preventive care FSA?
    - High deductible health FSA
      - Limited use

# Considerations for Employers in Choosing the Spending Account Portion of CDHC

- Coordinating HSAs with health FSAs
  - Transitional issues – mid-year implementation of HSA and limited purpose health FSA
    - Mid-year change in election not permitted between general purpose health FSA and limited purpose health FSA
    - Could adopt limited purpose health FSA mid-year, merge general purpose health FSA balances for all employees

# Considerations for Employers in Choosing the Spending Account Portion of CDHC

- Coordinating HSAs with health FSAs
  - Transitional issues – problems arising from 2 ½ month grace period for health FSAs
    - Extends period of health FSA coverage making employee ineligible for HSAs
    - Employees cannot voluntarily restrict coverage during grace period to a limited purpose health FSA to avoid this problem.
    - Employers can transfer all general purpose health FSA participants to the limited purpose health FSA during the grace period.

# Considerations for Employers in Choosing the Spending Account Portion of the CDHC

- Coordinating HSAs and HRAs
  - HSAs are compatible with restricted HRAs:
    - High deductible HRA
      - If deductible of HRA is lower than HDHP, then lower deductible will determine contribution limit to HSA
    - Limited purpose HRA
      - Reimburse expenses of dental, vision or preventive care
      - Reimburse expenses of permitted insurance

# Considerations for Employers in Choosing the Spending Account Portion of the CDHC

- Coordinating HSAs and HRAs
  - HSAs are compatible with restricted HRAs:
    - Retirement HRA (medical expenses reimbursed only after the individual retires even if contributions made currently)
    - Suspended HRA (employee elects prior to HRA coverage period to forgo payment or reimbursement by HRA for medical expenses incurred during the coverage period)

# Considerations for Employers in Choosing the Spending Account Portion of CDHC

- Coordinating HSAs, health FSAs and HRAs
  - Examples of design options:
    - HDHP + Limited purpose health FSA + High deductible HRA for prescription drug coverage + HSA
    - HDHP + Limited purpose health FSA + Suspended HRA + HSA
    - HDHP + Limited purpose health FSA + Retirement HRA funded with cash-outs of vacation time + HSA

# Designing Consumer-Driven Plans

- Three employee groups to take into account
  - *Low-cost employees* who are healthy and rarely exceed deductibles
  - *Moderate-cost employees* who usually exceed deductibles but do not reach out-of-pocket maximums
  - *High-cost employees* whose expenses exceed out-of-pocket maximums due to serious chronic conditions or catastrophic injury/illness
- Typically, moderate-cost group is largest number of people; high-cost group is smallest number of people but incurs higher expenses than other two groups combined
- Key to cost control is avoiding movement of covered persons into high-cost group. This is where CDHC may have the greatest effect.

# Designing Consumer-Driven Plans

- Compare design alternatives by estimating effects on typical employee in each of the 3 groups; each employer needs to examine cost distribution, medical claim characteristics and financial needs among the 3 groups in its own employee population
- Evaluate design alternatives in relation to the following goals —
  - Keeping employees out of high-cost group
  - Improving health *behaviors*, not just health *care*
  - Enabling consumer-driven *care*, not just consumer-driven *spending*
- Achieving these goals promotes —
  - Employee health, satisfaction and productivity
  - Sustainable economic gains for both employer and employees, not just short-term cash flow gains

# Designing Consumer-Driven Plans

- Shift payment, not ultimate costs, to employees
  - Employees gain choice and control when payment is shifted from insurance coverage to employee spending accounts
  - Design employer contributions to spending accounts and high deductible insurance coverage so as to avoid indiscriminate cost-shifting to employees
- Influence employee choice and control by combining —
  - Financial incentives (positive and negative)
  - Wellness/care management resources

# Designing Consumer-Driven Plans

- Employee incentives and wellness/care management resources should address —
  - *Health* behaviors
    - Improving health habits
    - Prudent choices among treatment alternatives
    - Compliance with treatment programs
  - *Spending* behaviors
    - Avoidance of unnecessary care
    - Spending on needed care (e.g. preventive care)
    - Shopping around for cost-effective providers

# Designing Consumer-Driven Plans

- Examples of financial incentives
  - Employer contributions conditioned on —
    - Completing health risk assessment questionnaire
    - Completing on-line health education
    - Participation in smoking cessation or weight reduction programs
    - Reimbursement for health club membership
  - Reduction of cost sharing for preventive care
    - Reductions may take form of premium discounts or waivers of deductible, co-payment or co-insurance
- HIPAA non-discrimination must be satisfied if incentives are conditioned on meeting a health standard
  - See below for related compliance issues

# Designing Consumer-Driven Plans

- Examples of Wellness/Care Management Resources:
  - Wellness & Disease Management programs
  - Online Information Resources
    - General information regarding wellness, specific diseases, treatment alternatives
    - Individualized tools, e.g. health risk assessments
  - Personnel resources, e.g., nurse help-lines
  - Information about provider quality and pricing

# Designing Consumer-Driven Plans

- Employers need to decide whether to offer CDHC as an additional plan option or as a full replacement of all existing plan options
  - Full replacement approach avoids risk of adverse selection by unhealthy employees who concentrate in low deductible plan option
  - Some employers start by offering CDHC as additional option, with expectation of later moving to CDHC exclusively after employer gains experience and employees become more accepting of CDHC

# Designing Consumer-Driven Plans

- Short-term cash flow implications for employers
  - HSA Contributions
    - Contributions require immediate cash outlay from employer
    - Both employee and employer contributions are permitted
    - Forfeitures to employer *not* permitted on employment termination
  - HRA Contributions
    - Contributions do not require cash outlay from employer
    - Employee contributions *not* permitted
    - Forfeitures to employer permitted on employment termination
  - Healthy employees (low claims) and employee turnover (forfeitures) improve employer cash flow more with HRAs than HSAs

# Designing Consumer-Driven Plans

- Short-term cash flow implications for employees
  - HSA contributions and accounts
    - Employee income and employment taxes reduced
    - Net cash flow impact depends on employer contributions to HSA and to HDHP premium
    - Employee has complete control over timing and use of cash flow from HSA, because employer may not restrict HSA withdrawals
    - Non-medical spending permitted, subject to paying taxes, plus 10% penalty
  - HRA contributions and accounts
    - Employee income and employment taxes reduced
    - No salary reduction; employer contributions only
    - Employee timing and use of cash flow from HRA is subject to employer control and possible forfeiture
    - Non-medical spending prohibited

# Designing Consumer-Driven Plans

- Carryovers: Difference Between HRAs and HSAs
  - In HRAs, large balances carried over from prior years create incentive for marginal spending when employees anticipate forfeiture upon termination of employment. The incentive can be avoided by allowing spend-down of unused balance after termination, but that increases employer outlays
  - In HSAs, this incentive for marginal spending does not arise because forfeiture does not occur

# Designing Consumer-Driven Plans

- Comparing high deductible plans
  - Provider network
    - Confirm that network discount applies to employee spending below deductible from HRA or HSA
    - Compare scope and quality of provider network
  - Preventive care — How is it defined for purposes of exemption from high deductible requirement?
    - HSAs — accompanying high deductible coverage must define preventive care consistent with IRS rules
    - HRAs — No restrictions on definition of preventive care

# Designing Consumer-Driven Plans

- Comparing high deductible plans
  - Co-insurance: does it apply above the deductible?
    - Note: this point may be critical to determining effect of high deductible coverage on high-cost group
  - Out-of-pocket limits and catastrophic coverage
    - HSA rules for high deductible coverage set maximum out-of-pocket limit at \$5,250 for single and \$10,500 for family coverage (2006 amounts), but this limit is only required to apply to covered benefits.
    - No regulatory restrictions on high deductible plans accompanying HRAs

# Designing Consumer-Driven Plans

- Comparing high deductible plans
  - Various coverage limits and exclusions to watch for:
    - Disease-specific exclusions or limits
    - Treatment-specific exclusions or limits
    - Provider charges – “usual, reasonable and customary” limits
    - Out-of-network v. in-network differential
    - Pre-certification penalties
    - Lifetime limits
  - Determine whether these limits and exclusions override out-of-pocket limits
  - Make apples-to-apples comparisons among high deductible policies by considering above factors

# Implementing Consumer-Driven Plans

- Comparing vendors — contractual and regulatory rules
  - Fees for spending accounts and electronic payment cards
    - HSA custodians may impose fees for account set-up, account maintenance, low balance, transactions, investments (need to guard against excessive fees)
    - HRAs involve third party administrator fees, not banking fees
  - Coordination among spending accounts, payment cards, high deductible coverage
    - Vendors need to be able to track out-of-pocket spending against deductible and annual out-of-pocket limit
    - Vendors need to be able to coordinate different spending accounts, e.g. HSAs with limited purpose FSAs or restricted HRAs

# Implementing Consumer-Driven Plans

- Wellness & Disease Management Programs – Highlights of Compliance Issues
  - HIPAA – Wellness programs that have “outcome based” rewards or penalties may be discriminatory unless qualify as bona fide wellness program
    - Limited rewards based on percentage (10%, 15% or 20%) of cost of employee-only coverage
    - Reasonably designed to promote health or prevent disease
    - Participants allowed to qualify at least once per year
    - Available to similarly situated participants
    - Allow reasonable alternatives to those who can't meet standards
    - Provide notice that individual accommodations are possible

# Implementing Consumer-Driven Plans

- Wellness & Disease Management Programs – Highlights of Compliance Issues (cont'd)
  - Incentive-based contributions must meet nondiscrimination rules under the Internal Revenue Code (if made to health FSA or HRA) or comparability rules (if made to HSA that is NOT through a cafeteria plan). Incentive-based contributions are unlikely to meet comparability rules.
  - Wellness & Disease Management Programs including any type of medical examination must be “voluntary” under the ADA.
    - Not clear whether outcome-based penalties would cause a wellness program to fail “voluntary” test

# Implementing Consumer-Driven Plans

- Education and communication to employees is critical.
- Review experience each year, compare other employers' experiences and adjust as necessary.

# Related materials

- Lincoln Weed, Cheryl Risley Hughes and Dan S. Brandenburg, "Evaluating Alternatives for Consumer-Driven Health Care" (January 2006).
- Cheryl Risley Hughes, "List of Legal Issues Regarding Wellness Programs" (presented at ECFC Annual Conference, March, 2006).
- Lincoln Weed and Cheryl Risley Hughes, "Bankruptcy Developments Affecting Cafeteria Plans and Consumer-Driven Health Benefits," ECFC Flex Reporter, Sept. 2005.
  - Each of the above are available at: [www.ssblegal.com/Articles](http://www.ssblegal.com/Articles)
- Employee Benefits Institute of America, Consumer-Driven Health Care and Fringe Benefits Manual (updated quarterly). Ms. Hughes is a contributing author to this Manual.

# Questions & Answers

# Thank you!

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