

February 12, 2020

BACK FROM THE DEAD

NEW RULES FOR HEALTH REIMBURSEMENT ACCOUNTS

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Pre-ACA HRAs

- Revenue Ruling 61-146 holds that if an employer reimburses an employee's substantiated premiums for non-employer sponsored hospital and medical insurance, the payments are excluded from the employee's gross income under Code § 106.

ACA Background: Prior Individual Coverage Guidance

IRS Notice 2013-54; DOL Technical Release 2013-03

- Guidance confirmed the ACA prohibition of individual coverage payment/reimbursement by employers
- Guidance provided that employers cannot directly purchase individual policies or reimburse employees for the cost of individual policies through an “Employer Payment Plan” or a “Non-Integrated HRA”

ACA Background: Prior Individual Coverage Guidance

IRS Notice 2015-17; IRS Notice 2015-87

- Additional guidance reiterating the IRS prohibition of Employer Payment Plans and Non-Integrated HRAs
- Confirmed that even taxable reimbursements are prohibited, and that integration rules apply to employees, spouses and dependents

ACA Background: Prior Individual Coverage Guidance

Penalties

IRC §4980D

- Employers offering an Employer Payment Plan or Non-Integrated HRA for employer reimbursement of individual policies violates the ACA market reform rules
- **Penalty is \$100/day/employee excise taxes—resulting in potential penalties of \$36,500 per employee per year**

Pre-2020 ACA State of the Law: HRA “Integration” Required

The Current ACA HRA Integration Rules – Simplified Version

Non-Integrated HRA Prohibition

- Employers offering an HRA have had to meet the “integration” requirements stemming from the IRS Notice 2013-54
- Those rules generally require that the employee be enrolled in an employer-sponsored major medical group health plan meeting certain requirements to be eligible for reimbursement
- **Most important piece is that HRAs could not be integrated with individual market coverage**

Why Prohibited?

- Non-integrated HRAs cannot satisfy the ACA market reform requirements for group health plans
 1. Does not comply with the ACA prohibition of annual limits on the dollar amount of essential health benefits; and
 2. Does not satisfy the ACA requirement to provide certain preventive services without imposing any cost-sharing requirements for the services

Pre-2020 ACA State of the Law: HRA “Integration” Required

The Current ACA HRA Integration Rules

MV Integration Requirements

1. Employer offers major medical that provides minimum value (MV) to the employee
2. Employee covered by HRA is also enrolled in a group major medical plan that provides MV—whether through that employer or a spouse/or/parent
3. HRA is available only to employees enrolled in a group major medical plan that provides MV—whether through that employer or a spouse/or/parent
4. Employee is permitted to permanently opt-out of HRA at least annually and upon termination

Non-MV Integration Requirements

1. Employer offers major medical to the employee
2. Employee covered by the HRA is also enrolled in group major medical—whether through that employer or a spouse/or/parent
3. HRA is available only to employees enrolled in a group major medical plan—whether through that employer or a spouse/or/parent
4. HRA reimburses only cost-sharing amounts under the major medical and/or non-essential health benefits
5. Employee is permitted to permanently opt-out of HRA at least annually and upon termination

The Workaround: Increase in Employee Compensation

Increases in Employee Taxable Compensation Permitted

- Employers may increase an employee's standard taxable compensation to assist an employee with payments of individual market coverage
- The additional compensation cannot be conditioned on the purchase of the individual health coverage
- Also cannot otherwise endorse a particular policy, form, or issuer of health insurance
- Only permitted to inform employee about the Marketplace and §36B premium tax credit

The Workaround: Increase in Employee Compensation

Practical Result

- Employers can provide a bonus or a raise intended to address the cost for the employee to purchase individual coverage—but not actually tied to such coverage
- Employees may use the bonus/raise money to buy individual coverage or a new car—employer cannot condition the payment on health coverage

The Workaround:

Increase in Employee Compensation

Checklist to Avoid Prohibited Employer Payment Plan

1. Payment is standard taxable income (subject to withholding, payroll taxes and 401(k))
2. Employee has an unrestricted right to receive the compensation as cash
3. Employee is not required to use the compensation for the purchase health coverage
4. No health plan-related conditions on the employee receiving the additional compensation
5. Employee cannot be required to substantiate the purchase of individual market coverage

Executive Order 13813: Direction to Issue New Regulations

EXECUTIVE ORDERS

Presidential Executive Order Promoting Healthcare Choice and Competition Across the United States

HEALTHCARE | Issued on: October 12, 2017

Sec. 4. Expanded Availability and Permitted Use of Health Reimbursement Arrangements. Within 120 days of the date of this order, the Secretaries of the Treasury, Labor, and Health and Human Services shall consider proposing regulations or revising guidance, to the extent permitted by law and supported by sound policy, to increase the usability of HRAs, to expand employers' ability to offer HRAs to their employees, and to allow HRAs to be used in conjunction with nongroup coverage.

IRS/DOL/HHS REGULATIONS

- IRS/DOL/HHS issued 497 pages of regulations on June 20, 2019
- New Rules on Health Reimbursement Arrangements and other Account-Based Group Health Plans

New Government Approved Acronym

ICHRA
(PRONOUNCED “ICK-RA”)

**Individual Coverage Health
Reimbursement Account**

Individual Coverage HRAs: 2020 and Beyond

New Rules for Plan Years Beginning On or After January 1, 2020: Individual Coverage HRAs (ICHRAs) Permitted With Seven Conditions

1 Employees Covered by ICHRA Must Be Enrolled in an Individual Policy

- Employees who lose coverage under the individual policy forfeit the HRA

2 Employees Must Not Be Eligible for Both ICHRA and Traditional Plan

- Must exclude employees eligible for the ICHRA from eligibility for the traditional employer-sponsored major medical group health plan (GHP) (must amend plan)
- Specific class rules on which employees can be offered the ICHRA vs. the traditional GHP
- Specific class size rules to ensure that the classes are legitimate
- Employers may also set any date on or after January 1, 2020 for which new hires as its own separate class are offered the ICHRA, while still offering the traditional GHP to employees hired prior to that date

Individual Coverage HRAs: The New Landscape in 2020

New Rules for Plan Years Beginning On or After January 1, 2020: Individual Coverage HRAs (ICHRAs) Permitted With Seven Conditions

3 Employers Must Offer the ICHRA on Same Terms to Each Employee Class

- Cannot offer a more generous ICHRA based on adverse health conditions
- Can increase ICHRA allocation based on age or number of dependents
- Larger allocations of up to 3x the youngest participant permitted for older employees (no set limit on dependent adjustment allocations)

4 Opt-Out Required

- Employees must have the option to opt-out of the HRA coverage to maintain eligibility for subsidies on the Exchange (the \$36B premium tax credit)

Individual Coverage HRAs: The New Landscape in 2020

New Rules for Plan Years Beginning On or After January 1, 2020: Individual Coverage HRAs (ICHRAs) Permitted With Seven Conditions

5 Employee Pre-Tax Contributions Permitted Off Exchange

- ACA added §125(f)(3) prohibiting employee pre-tax salary reduction contributions toward coverage on the Exchange
- Employer may permit employees to use Section 125 cafeteria plan to contribute on a pre-tax basis to non-Exchange individual market coverage (must amend plan)
- Important because ICHRA may not cover the full cost of the premium

6 Substantiation and Verification of Individual Coverage Required

- ICHRA must have reasonable procedures in place to verify that employees are actually enrolled in individual policy
- Can include third-party (carrier) documentation or employee attestation
- Model attestation forms (annual and monthly) available from the DOL

Individual Coverage HRAs: The New Landscape in 2020

**New Rules for Plan Years Beginning On or After January 1, 2020:
Individual Coverage HRAs (ICHRAs) Permitted With Seven Conditions**

7 Notice Requirement

- Employer must provide written notice to eligible employees at least 90 days prior to the start of each plan year describing the ICHRA terms
- Model notice available from the DOL

Individual Coverage HRAs: Class Rules

**Classes determine which employees will be eligible for the
ICHRA vs. the traditional GHP**

Permitted Classes

- Full-time employees
- Part-time employees
- Employees in a geographic region
- Seasonal employees
- CBA unit of employees
- Employees in their waiting period for traditional GHP coverage
- Non-resident aliens with no U.S.-based income
- Salaried employees
- Hourly employees
- Outside staffing firm temps
- Any combination of classes

Individual Coverage HRAs: Class Rules

**Classes determine which employees will be eligible for the
ICHRA vs. the traditional GHP**

Minimum Class Size

Employers with <100 Employees

- 10 employee minimum

Employers with 100-200 Employees

- 10% of the total number of employees minimum

Employers with >200 Employees

- 20 employee minimum

Notes

- - Employer size determined in advance of the ICHRA plan year based on expected employee count on first day of plan year
- - Class size is based on the employer's offers of ICHRA coverage on first day of plan year (not actual enrollment)

Newly Hired Employees

- The final rules include a special rule to allow employers to maintain a traditional group health plan for current employees while beginning to offer an individual coverage HRA to newly hired employees in the same classification of employees.

Individual Coverage HRAs: The New Landscape in 2020

The Notice Requirement

- Employers must provide written notice to each eligible employee at least 90 days prior to the start of each plan year describing the ICHRA terms
- Employees who become newly eligible mid-year (or after the 90-day period prior to the start of the year) must receive the notice no later than the date ICHRA takes effect

Individual Coverage HRAs: The New Landscape in 2020

Required Notice Content

1. A statement of the right of the employee to opt-out of the ICHRA
2. A description of the potential availability of the §36B premium tax credit (PTC) if the employee opts-out of the ICHRA and the ICHRA is unaffordable
 - The maximum dollar amount available for each participant (including proration for mid-year entry, if any)
 - Whether the cost of individual coverage for family members are also eligible expenses - A statement that the ICHRA is not a QSEHRA
 - A statement that the HRA requires the participant and any dependents to be enrolled in individual health coverage
 - A statement that Short Term Limited Duration Insurance (STLDI) and excepted benefits are not eligible expenses
 - A statement that the individual coverage reimbursed by the ICHRA is not subject to ERISA
 - The ICHRA coverage effective date (including mid-year enrollees), plan year date, and the dates on which new amounts will be made available under the ICHRA

Individual Coverage HRAs: The New Landscape in 2020

Required Notice Content

3. A statement that if the employee does not opt-out of the ICHRA, the employee cannot claim the PTC for any month the ICHRA coverage is in place (regardless of affordability)
4. A statement that ICHRA participants must inform the Exchange of the ICHRA amount available for the plan year if applying for advance payments of the PTC
 - Must include whether the ICHRA is also available to dependents
 - The date on which ICHRA coverage is effective, and the plan year beginning and end date
 - Whether the participant is a current or former employee

Individual Coverage HRAs: The New Landscape in 2020

Required Notice Content

5. A statement that the participant should retain the notice in case it is needed to determine eligibility for the Premium Tax Credit (PTC) on the individual tax return
6. A statement that the ICHRA will not reimburse any expense that is unsubstantiated
7. A statement that if the individual coverage ceases, the ICHRA will not reimburse any medical expenses incurred after coverage ceases
 - Including a statement that the participant must inform the ICHRA if coverage terminates retroactively (and the date of such retroactive termination)

Individual Coverage HRAs: The New Landscape in 2020

Required Notice Content

8. The contact information (including a phone number) for an individual or group of individuals who participants may contact to receive additional information about the ICHRA
9. A statement of the availability of a special enrollment period to enroll in or change individual health insurance coverage (on or off the Exchange) for the participant and any dependents who newly gain access to the ICHRA and are not already covered by the ICHRA

Individual Coverage HRAs: Notice Timing

Employers must provide the required notice to ICHRA-eligible employees within specific set timeframes to ensure timely enrollment in individual coverage.

General 90-Day Rule

90-Day Requirement

- Employer must provide the notice to ICHRA-eligible employees at least 90 calendar days before the beginning of each plan year

Calendar-Year ICHRA

- Provide notice to ICHRA-eligible employees no later than October 3

Exceptions

Employees Not Eligible to Participate at Start of Plan Year

- Employer must provide the notice no later than the date on which the ICHRA may first take effect for the employee (includes new hires and newly eligible participants)

New Employer First ICHRA Plan Year

- For a new ICHRA that is established less than 120 days before the start of the first ICHRA plan year, employer must provide the notice no later than the date on which the ICHRA may first take effect

Individual Coverage HRAs: The New Landscape in 2020

DOL ICHRA Model Notice

Individual Coverage HRA Model Notice

USE THIS NOTICE WHEN APPLYING FOR INDIVIDUAL HEALTH INSURANCE COVERAGE

[Enter date of notice]

You are getting this notice because your employer is offering you an individual coverage health reimbursement arrangement (HRA). Please read this notice before you decide whether to accept the HRA. In some circumstances, your decision could affect your eligibility for the premium tax credit. Accepting the individual coverage HRA and improperly claiming the premium tax credit could result in tax liability.

This notice also has important information that the Exchange (known in many states as the "Health Insurance Marketplace") will need to determine if you are eligible for advance payments of the premium tax credit. An Exchange operates in each state to help individuals and families shop for and enroll in individual health insurance coverage.

You may also need this notice to verify that you are eligible for a special enrollment period to enroll in individual health insurance coverage outside of the annual open enrollment period in the individual market.

Individual Coverage HRAs: The New Landscape in 2020

DOL ICHRA Model Annual Attestation Form

Individual Coverage HRA Model Attestation: Annual Coverage Substantiation Requirement

Instructions: You have been offered an individual coverage health reimbursement arrangement (HRA) to help you pay for medical care expenses. To enroll in this individual coverage HRA, you must be enrolled in individual health insurance coverage, Medicare Part A (Hospital Insurance) and B (Medical Insurance), or Medicare Part C (Medicare Advantage). You should have received a notice that describes the individual coverage HRA that you are being offered. If you have not, or if you have questions about the individual coverage HRA, contact [add contact information].

If you plan to enroll in the individual coverage HRA, you must complete this form to confirm that you will have individual health insurance coverage, Medicare Part A and B, or Medicare Part C while you are covered by the HRA. If your family members will also be covered by the individual coverage HRA, you need to fill out the applicable section of this form on their behalf.

You must sign and date the form. Your family members do not need to sign or date the form. Please return the completed form to [add instructions for returning the form]. You must return the form by [add deadline for returning the form.]

I attest to the following:

I, _____, am covered (or will be covered) by the following health
(insert name)
coverage: _____
(insert name of insurance company or indicate "Medicare")

This health coverage began (or will begin) on _____
(insert date coverage began or will begin)

Individual Coverage HRAs: The New Landscape in 2020

DOL ICHRA Model Monthly Attestation Form

Individual Coverage HRA Model Attestation: Ongoing Substantiation Requirement

Instructions: To receive reimbursement for medical care expenses under your individual coverage health reimbursement arrangement (HRA), you must complete this form for each request for reimbursement.

The individual coverage HRA will reimburse you for a medical care expense incurred during a month only if you have (or had) individual health insurance coverage, Medicare Part A (Hospital Insurance) and B (Medical Insurance), or Medicare Part C (Medicare Advantage) during that month. Similarly, the individual coverage HRA will reimburse you for a medical care expense your family member incurred during a month only if the family member has (or had) individual health insurance coverage, Medicare Part A and B, or Medicare Part C during that month. In this form, you are attesting that you (or your family member) meet this requirement. *[If this form is not combined with the form used to seek reimbursement of medical care expenses, add a statement that the reimbursement form is separate.]*

You must sign and date this form. Your family member does not need to sign or date the form. Please return the completed form to *[add instructions for returning the form, including any applicable deadline]*.

Complete the following if you're requesting reimbursement of your medical care expense from the individual coverage HRA.

I attest to the following:

I, _____, am requesting reimbursement for a medical care
(insert name)
expense incurred during _____, and for that month I am (or was) covered under
(insert month, year)
the following health coverage: _____.
(insert name of insurance company or indicate "Medicare")

Individual Coverage HRAs: Special Enrollment Periods

New Special Enrollment Periods for Individual Coverage

- Permits employees/dependents to enroll in individual coverage outside of the standard open enrollment period when an employee/dependent newly gains access to an ICHRA (the “triggering event”)

Special Enrollment Period Timing

- General Rule—60 Days In Advance of Event: The general rule is that employees have 60 days before the triggering event (i.e., date the ICHRA coverage is effective) to select a plan for special enrollment effective as of the date of the triggering event (or first of the month following if the triggering event is mid-month, which would be unusual for an ICHRA effective date)
 - Calendar Plan Year ICHRA Example
 - Employer will provide ICHRA notice to employees no later than October 3 (90 days in advance of plan year)
 - Employee has special enrollment period from November 2 – December 31 (60 days in advance of triggering event)
 - Individual policy and ICHRA coverage are both effective January 1 (the “triggering event” date)

Individual Coverage HRAs: Special Enrollment Periods

Special Enrollment Period Timing (Cont'd)

- Exception—60 Days Before or After Event: If the employer does not have to provide the notice until the day ICHRA coverage takes effect (e.g., newly eligible employees), the special enrollment period is extended to 60 days before or after the triggering event
 - Plan selection in the SEP that is 60 days on or after the triggering event will result in coverage that is effective as of the first day of the month following the date of plan selection
- New Hire ICHRA Example
 - Employee is hired July 15 and is eligible for ICHRA coverage effective August 1 (the triggering event date)
 - Two SEP options: July 15 – July 31 (prior to triggering event) or August 1 – September 30 (60 days after triggering event)
 - Plan selection on or before July 31 (prior to triggering event) would provide for an August 1 effective date
 - Plan selection on September 30 (last day of the post-triggering event SEP) would mean an October 1 policy effective

Individual Coverage HRAs: ERISA Application

The ICHRA is an ERISA Group Health Plan

- As with all HRAs, an ICHRA is a group health plan subject to ERISA (Plan/SPD and 5500 rules apply)

The Underlying Individual Coverage is Not an ERISA Group Health Plan

- Five conditions to avoid application of ERISA to the individual coverage:
 1. Purchase of individual coverage is completely voluntary - Conditioning ICHRA participation on purchase of individual coverage is still voluntary (No employer endorsement of any particular insurance carrier or coverage)
 2. Employer may provide general information including how to access healthcare.gov or the uniform glossary of medical terms that applies to SBCs
 3. Reimbursement of premiums is limited solely to individual health insurance coverage
 4. The employer receives no consideration (cash or otherwise) in connection with the employee's selection or renewal of the individual coverage
 5. The employer provides notice annually to each participant that the individual health insurance coverage is not subject to ERISA (DOL model language)

The ACA's Employer Mandate "Pay or Play" §4980H Penalties

§4980H(a)—The "A Penalty"

- Failure to offer MEC to at least 95% of all full-time employees (and their children to age 26) in 2016 and beyond
- The A Penalty is triggered by at least one such full-time employee who is not offered MEC enrolling in subsidized exchange coverage
- 2019 A Penalty liability is \$2,500 annualized (\$208.33/month) multiplied by all full-time employees
- 30 full-time employee reduction from multiplier in 2016 and beyond

The ACA's Employer Mandate "Pay or Play" §4980H Penalties

§4980H(a)—The "A Penalty" ICHRA VERSION

- Must offer MEC to at least 95% of full-time employees
- IRS Notice 2018-88
 - "An HRA, including an individual coverage HRA, is an eligible employer-sponsored plan. Therefore, if an ALE were to offer an eligible employer-sponsored plan (including an individual coverage HRA) to at least 95 percent of its full-time employees (and their dependents), the ALE would not be liable for a payment under section 4980H(a) for the month, regardless of whether any full-time employee is allowed the PTC for purchasing individual health insurance coverage from an Exchange"

The IRS has confirmed that the pay or play affordability safe harbors are indexed to inflation in the same manner as affordability is determined on the exchange. For 2020, the applicable percentage decreases to 9.78% (down from 9.86% in 2019).

- 2020 Federal Poverty Line Safe Harbor: 9.78% of the Federal Poverty Line
2019 Federal Poverty Line (Continental U.S.): \$12,490
- 2020 Monthly Employee-Share of Premium for Lowest-Cost Plan Limit: \$101.79
- 2020 Rate of Pay Safe Harbor: 9.78% of Rate of Pay
Hourly Employees: 9.78% of Employee's Hourly Rate of Pay x 130
Salaried Employees: 9.78% of Employee's Monthly Salary

The IRS has proposed three additional safe harbors in Notice 2018-88 (and recent proposed regulations) to address the challenges that employers will face with respect to ICHRAs. These are based on the “HRA affordability plan,” which is the lowest cost silver plan for the employee for self-only coverage offered by the Exchange for the rating area in which the employee resides.

1 Proposed Worksite Location Safe Harbor

- HRA affordability plan may be based on the lowest cost silver plan on the Exchange in the rating area of the employee’s primary worksite
- Not required to use plan in rating area of employee’s place of residence
- IRS requests comments on potential age-based safe harbors because cost varies based on the employee’s age (e.g., age bands or other assumptions)

2 Proposed Calendar Plan Year Safe Harbor

- Employers with a calendar plan year ICHRA may base HRA affordability plan cost on the premium in effect for the prior calendar year
- Designed to address the fact that Exchange plan premiums are not available until October, which would not provide sufficient planning time for employers
- IRS reiterates §36B PTC eligibility unaffected by these safe harbors

3 Proposed Non-Calendar Plan Year Safe Harbor

- Employers may rely on the cost of the HRA affordability plan in the first month of the plan year for the remainder of the plan year
- Addresses complications with Exchange premiums changing mid-year

Individual Coverage HRAs: Estimated Effects

The Departments Anticipate ICHRA Transitions from 2020-2028

- The Departments estimate that roughly 800,000 employers will offer ICHRAs
- It will take employers five years (2024) to fully adjust to the ICHRA landscape
- By 2024, there will be roughly 11 million covered by ICHRAs
- Traditional group health major medical plan coverage will decline by ~7 million (4.5%)

TABLE 2—ESTIMATED EFFECTS OF INDIVIDUAL COVERAGE HRAS ON INSURANCE COVERAGE AND TAX REVENUES, 2020–2029

| Calendar year | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 |
|--|------|------|------|------|------|------|------|------|------|------|
| Change in Coverage [Millions]: ^a | | | | | | | | | | |
| Individual health insurance coverage with HRA | 1.1 | 2.7 | 5.3 | 8.1 | 10.9 | 11.0 | 11.2 | 11.4 | 11.4 | 11.4 |
| Traditional group health plan | -0.6 | -1.7 | -3.3 | -5.0 | -6.7 | -6.8 | -6.8 | -6.8 | -6.9 | -6.9 |
| Individual health insurance coverage without HRA | -0.4 | -0.9 | -1.8 | -2.7 | -3.6 | -3.6 | -3.7 | -3.8 | -3.8 | -3.8 |
| Uninsured | -0.1 | -0.2 | -0.3 | -0.5 | -0.6 | -0.7 | -0.7 | -0.7 | -0.7 | -0.8 |

New Rules for Plan Years Beginning On or After January 1, 2020: Excepted Benefit HRAs (EBHRAs) Permitted With Four Conditions

Another new option in 2020 allowing employers to offer an HRA of up to \$1,800 that is not integrated with individual market (or any other) coverage. Expands the current definition of “excepted benefits” not subject to ACA market reform provisions for EBHRA.

1 EBHRA is Not Integral to Part of the Plan (Eligibility for Traditional GHP)

- Only employees eligible for traditional GHP can be eligible for EBHRA
- Employees do not have to actually enroll in the traditional GHP

2 EBHRA Must Provide Benefits That Are Limited in Amount

- Amounts made newly available for a plan year cannot exceed \$1,800
- Indexed for inflation for plan year 2021 and beyond (C-CPI-U)

New Rules for Plan Years Beginning On or After January 1, 2020: Excepted Benefit HRAs (EBHRAs) Permitted With Four Conditions

Another new option in 2020 allowing employers to offer an HRA of up to \$1,800 that is not integrated with individual market (or any other) coverage. Expands the current definition of “excepted benefits” not subject to ACA market reform provisions for EBHRA.

3 EBHRA Cannot Reimburse Premiums (Individual or Group)

- The only permitted premiums would be excepted benefits like dental or vision coverage, COBRA premiums, and in some cases STLDI premiums

4 EBHRA Must Be Available Under Same Terms to All Similarly Situated

- The EBHRA must be available to all similarly situated individuals on the same terms regardless of any health factor

Individual Coverage HRAs: Top Three Items You Need to Know for 2020 and Beyond

Three Key Points to Remember:

- A** Beginning in 2020, employers will be able to offer Individual Coverage HRAs (ICHRAs). These ICHRAs will provide a tax-advantaged mechanism for employers to reimburse the cost of employees' individual policies.

- B** Health plan documents and insurance policies will need to exclude the classes eligible for the new ICHRA. Section 125 plans will need to be amended to provide for pre-tax premium payment for the individual policies

- C** A health reimbursement plan, summary plan description and administrative forms and notices will need to be in place prior to the start of the new ICHRA program