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How the ACA Has Changed Benefits Strategies

Ever since the Affordable Care Act (ACA) took effect, there has been a lot of buzz about new possibilities for strategic planning in employer-sponsored health insurance. It's true that the landmark reform law has created opportunities for employers, but there are also significant challenges that must be addressed.

Organizations need to carefully examine the changing landscape to select the strategies that will deliver the best results. Here are some of the factors that employers need to consider when evaluating their options under the ACA.

Opportunities Vary for Organizations of Different Sizes

Every employer is different, and when it comes to designing a group insurance plan, size is one of the most important factors. For example, if you have a small organization, you may not realize that in today's health insurance marketplace, there are benefits financing strategies that used to not make sense for groups with 50 to 100 employees that are showing they can work very well for employers today.

With the right information, employers of all sizes can understand the available opportunities—and take advantage of them to mitigate the cost of offering competitive benefit plans.

Health Reimbursement Accounts and Preventive Measures

The use of health reimbursement accounts (HRAs) has significantly exceeded the initial expectations that stakeholders had when the ACA was first being rolled out. HRAs offer many unique opportunities for employers—regardless of an organization's size—to keep costs low while offering benefits that meet employees' needs.

New preventive measures being built into insurance plans are also having an impact on trends in plan design. Because most covered employees are now able to access routine preventive care without paying out of pocket, high-deductible plans are becoming more practical for a wider range of people. This is giving employers more flexibility to tailor the benefits they offer based on the specific needs of their workforce.

Despite the upheaval brought about by the ACA, organizations are increasingly realizing that they can take advantage of the law's provisions to limit their healthcare costs while providing substantive coverage to their employees. All that's needed is a thorough understanding of what options are available.

Make the Most of Your Benefits Program

Due to the lingering uncertainty surrounding the ACA and the broader drive to reform the healthcare market, employers continue to struggle to understand their options and engage in long-term strategic planning. To bridge the knowledge gap, many organizations are turning to third-party insurance experts to help them make informed decisions about employee benefits.

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With the assistance of an experienced partner, employers can make sure they have the latest information in hand and take full advantage of any new opportunities available to them under the ACA.

Johnson & Dugan has been helping organizations of all sizes to design and administer competitive group health insurance plans for more than 30 years. Contact us today to find out how we can help you maximize the value of your healthcare spending while maintaining compliance with the ACA.

Johnson & Dugan is a one-stop employee benefits and human resources consulting and support services company. For over thirty-one years, Johnson & Dugan's highest priority has been to make it easy for companies of all sizes to expertly plan and administer employee benefits. A partnership with Johnson & Dugan will help you align your benefits strategy to broader initiatives, reduce your HR workload and improve efficiencies company-wide.

Contact us to learn how we can make it easier for you along the way.
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