

HR ASSISTANCE SERVICES PORTFOLIO



HOW DO YOU KEEP UP WITH HR TRENDS, NEWS AND BENEFITS ADMINISTRATION INFORMATION?

- Keeping track of regulations and benefits trends and ensuring your company remains compliant can be difficult, costly and time-consuming. Never miss a beat with our benchmark information, news on legislation changes and open enrollment information. Our up-to-date documents will save you time and keep you in the loop.

ARE YOUR EMPLOYEES GETTING THE MOST OUT OF YOUR BENEFITS PROGRAM?

- Tackle your mounting employee communication concerns with customizable benefits announcements, employee newsletters and presentations.

IS YOUR EMPLOYEE HANDBOOK UP TO DATE?

- Failing to keep an employee handbook updated is consistently one of the top mistakes employers make with their handbooks. Let us help you make sure your handbook is updated to properly reflect legislation and organization changes.

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TABLE OF CONTENTS

HR EDUCATION RESOURCES

HR Brief Monthly Newsletter	3
Common and Costly Employee Benefits & HR Mistakes	4
HR Q&A: COBRA Notification Requirements - Employer Responsibilities.....	5

EMPLOYEE HANDBOOK

Employee Handbook	6
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HR TOOLKITS

HR Toolkit - Terminations	9
HR Toolkit – Retaining Millennials	11

BENEFITS EDUCATION AND COMMUNICATION

Health Care Employee Resource Guide	13
Employee’s Guide to Health Plans.....	15

HR BRIEF

Provided by Baker Insurance Agency LLC

What the Coronavirus Delta Variant Means for Return-to-Work Mask Policies

With a growing percentage of the U.S. population fully vaccinated against COVID-19, many localities and employers have eased mask mandates and policies. However, due to the spread of an emerging variant of coronavirus known as Delta, these policies may still need updating; the Centers for Disease Control and Prevention (CDC) has now announced [updates to its mask guidelines](#).

According to health experts, while vaccination is the most effective way to prevent the spread of Delta, [masks can continue to play a key role](#) in preventing the spread of coronavirus and its variants, even for fully vaccinated individuals.

Updated CDC Guidance on Mask-wearing

- The CDC's updated guidance now recommends that fully vaccinated individuals wear masks in public indoor settings when in areas with [high or substantial transmission](#) of COVID-19. At the time of this writing, this includes over 75%

of U.S. counties. This update from the CDC is, in part, a reversal from previous agency guidance, which allowed fully vaccinated individuals to stop wearing a mask in most settings.

The guidelines also advise that masks should be worn by all individuals in K-12 schools regardless of vaccination status. The agency continues to recommend that unvaccinated individuals wear a mask indoors and potentially in some crowded outdoor settings.

Employer Takeaway

Aside from CDC guidance, many variables may influence how an employer responds—such as local masks guidelines and mandates, community levels of transmission or vaccination, employee attitudes or even the nature of the business.

Employers should note that these guidelines from the CDC are recommendations and are not legally binding. Even if mask-wearing is not a requirement for an organization, employers must consider any revisions to mask policies that may help ease employee concerns and keep their workforce safe.

COVID-19 and Open Enrollment 2021

The pandemic continues to impact today's workplaces and employees' needs. Even as its effects begin to taper, many employees may be more likely to consider a career move. With open enrollment season right around the corner, now is the time for HR professionals to be on top of their open enrollment planning and communications to retain and attract employees.

What's Happening?

As employees juggled their personal responsibilities in front of their managers and colleagues, many employers adjusted benefits plans to accommodate this new pandemic reality. The most common benefits changes during the pandemic, driven by employee desires, include the following:

- Increased access to mental health benefits
- Flexibility for child care and elder care
- Changes in vacation and paid-time-off policies

Are You Ready?

An effective process begins with reviewing benefits packages to

ensure they include competitive offerings employees want and expect as a result of the pandemic. Then, a comprehensive communication strategy can help employees understand their options and encourage participation. Sharing information over an extended time period via multiple channels gives employees more opportunities to review all of their available options and make the best decisions for themselves and their families in the coming year. It may also help to give employees a preview of benefits changes.

Even if open enrollment is still months away, it's critical to plan ahead and start engaging employees with open enrollment materials so they know about new or expanded offerings. This year, more than ever, benefits will play a crucial role in recruiting and retaining top talent. Contact Baker Insurance Agency LLC today for more open enrollment resources.

HR Insights

Brought to you by the insurance professionals at
Baker Insurance Agency LLC

Common and Costly Employee Benefits & HR Mistakes

Mistakes in employee benefits and human resources can be quite costly to employers—in the form of extra benefits, complaints, lawsuits, government-assessed fines and penalties, and attorney fees, to name a few. Don't learn the hard way what these mistakes are.

- 1. Not timely depositing employee contributions into qualified retirement plans.** Employers sometimes wait too long to deposit salary deferrals into a qualified retirement plan. According to the Department of Labor (DOL), such deposits should be made as soon as the contributions can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the following month. The 15th business day of the following month is an outside guideline, and deposits must be made sooner if possible. If deposits are not timely made, the DOL and Internal Revenue Service (IRS) may levy fines, penalties and retroactive earnings for late contributions. The deposit rule for salary deferrals applies to all types of employee contributions, including special deferrals (such as catch-up contributions), after-tax contributions and loan repayments.

The DOL has established a safe harbor for employers with small plans (fewer than 100 participants at the beginning of the plan year) to timely deposit such employee contributions. Under the safe harbor, if the employer deposits the withheld amounts in the plan no later than

the seventh business day following the date the employees would have received the contributions (payday), the employer automatically satisfies the requirement to timely deposit employee contributions.

Solution: Deposit employee contributions as soon as reasonably possible following issuance of the paycheck from which the contribution was withheld. Employers with small plans should try to take advantage of the safe harbor's protection by depositing employee contributions within seven business days from the issuance of the paycheck. The DOL's Voluntary Fiduciary Correction Program (VFCP) offers a method to correct late deposits of employee contributions

- 2. Not making matching and profit-sharing contributions on a timely basis.** Many employers make the mistake of not making these contributions on a timely basis. If your qualified retirement plan provides for matching and profit-sharing contributions, the deadline for making these contributions and depositing them into the plan's trust is determined first by looking to the plan document. The plan document may contain deadlines for these contributions. For example, the plan document may require matching contributions to be

Q&A

Legal Compliance



Courtesy of Baker Insurance Agency LLC

Q

What are the employer's responsibilities when a third-party administrator is handling COBRA notifications?

A

Employers have the option of contracting with a third-party administrator to administer their Consolidated Omnibus Budget Reconciliation Act (COBRA) obligations; that third party is referred to as the plan administrator. The employer is required to notify the plan administrator in the event of any of the following:

- Employee's death
- Employee's termination of employment (other than by reason of gross misconduct)
- Employee's reduction in hours
- Employee becoming entitled to Medicare
- Employer filing for Chapter 11 bankruptcy

Employers are required to notify the plan administrator within 30 days of an employee experiencing a qualifying event. However, if the employer uses the delayed notice rule, where the COBRA maximum coverage period begins on the date of the loss of coverage, the employer must then notify the plan administrator within 30 days of a loss of coverage due to the qualifying event.

A special rule applicable to multi-employer plans allows for a longer period of time within which the employer must provide the plan administrator with notice. These plans may choose uniform time limits for a qualifying event notice (or election notice) or have the plan administrator determine when a qualifying event occurred. Any special rules must be set out in the plan's documents.

The employer's notice must provide sufficient information to enable the plan administrator to determine the following:

- Plan name
- Covered employee
- Type of qualifying event
- Date of the qualifying event (including date of loss of coverage)

EMPLOYEE HANDBOOK

A Manual of Employee Benefits & Personnel Policies

Provided by:

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HR TOOLKIT

Terminations

Provided by: Baker Insurance Agency LLC

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Table of Contents

HR EDUCATION RESOURCES2

EMPLOYEE HANDBOOK.....2

HR TOOLKITS2

BENEFITS EDUCATION AND COMMUNICATION2



HR TOOLKIT

Retaining Millennials

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Table of Contents

HR EDUCATION RESOURCES	2
EMPLOYEE HANDBOOK.....	2
HR TOOLKITS.....	2
BENEFITS EDUCATION AND COMMUNICATION	2



HEALTH CARE RESOURCE GUIDE

Table of Contents

HR EDUCATION RESOURCES2

EMPLOYEE HANDBOOK.....2

HR TOOLKITS2

BENEFITS EDUCATION AND COMMUNICATION2



Know Your Benefits

Employee's Guide to Health Plans

	Definition	Primary Care Physician (PCP)	Network of Providers	Referrals	Deductibles, Coinsurance, Copayments, Claim Forms
Fee-for-service (FFS)	Health coverage that reimburses health care providers for services for employees. Tends to be the most costly for employers.	Not required; employees can choose any provider.	No network; employees can choose any provider.	Not required.	Deductibles and coinsurance may be required. Claim forms may be used.
Health Maintenance Organization (HMO)	Covers services performed solely by providers in a network. This tends to be a low cost system, but is more restrictive than other plans.	Required; the PCP coordinates all medical care and must make referrals to specialty providers for employees.	Services by out-of-network providers are not typically covered under the plan.	Required; PCP coordinates all medical care.	May require employee cost sharing through deductibles, copays or coinsurance.
Preferred Provider Organization (PPO)	Has a network of providers, but also allows use of medical providers outside of the plan's network (typically with greater employee cost-sharing). Referrals may not be required. Is more flexible than an HMO, but also more expensive generally.	Not typically required. Some PPO vendors offer incentives for employees to visit a PCP to coordinate medical care.	There is a network, and the plan allows for use of out-of-network providers with greater cost sharing by employees.	May not be required.	Coinsurance, deductibles and copays are the standard; usually lower when using in-network providers.
High Deductible Health Plan (HDHP)	A high deductible health plan is often paired with a tax-advantaged account to pay for medical expenses. The most prominent options are health reimbursement arrangements (HRAs) and health savings accounts (HSAs).	Varies by plan type (e.g., HMO plans require PCP).	Not required but are offered to bring savings to employers and employees.	Varies by plan type (e.g., HMO plans require referrals).	Typically low or no coinsurance after the deductible is met. Deductibles are substantially higher than other plans.

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