

# Overview of the “Cadillac” Health Insurance Tax

## What is it?

The “Cadillac Tax” is an annual tax on high-cost employer sponsored health insurance, which will come into effect in 2020. The tax was originally scheduled to come into effect in 2018, but in December 2015 Congress passed legislation delaying the tax for two years.

## What is its purpose?

- Reduce health care spending overall by discouraging expensive employer-sponsored plans
- Help pay for other provisions of the Affordable Care Act, e.g. the Medicaid expansion and insurance subsidies for low-income individuals
- Reduce the preferential tax treatment of employer-provided healthcare

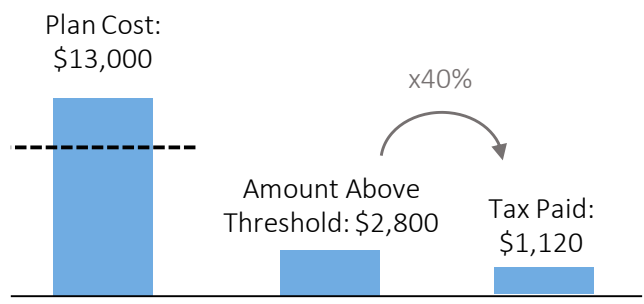
## Who pays the tax?

- Employers calculate the taxes owed, and then the tax itself is paid by the “coverage provider” or “person who administers the plan benefits”
- For a typical health insurance plan, the insurer pays the tax
  - For self-funded health care, whoever implements the plan’s benefits pays the tax
  - For HSAs and Archer MSAs, the employers pay the tax

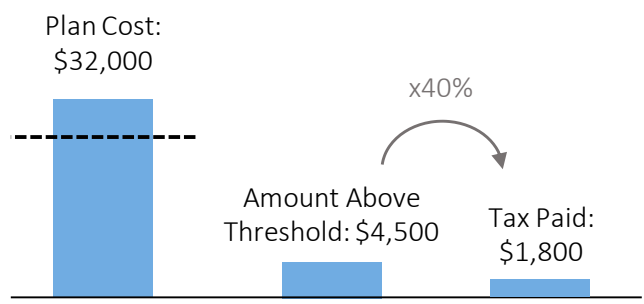
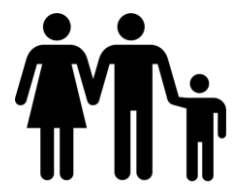
## Examples: How to Calculate the Tax

The tax is equivalent to 40% of the cost of health coverage beyond a certain threshold, depending on the type of plan. The threshold also adjusts to account for age, gender, retirement status, and high-risk professions.

Individual Plan  
\$10,200  
Threshold



Family Plan  
\$27,500  
Threshold



Sources: National Journal Research, 2016; Cigna, “Affordable Care Act Cadillac Tax”.

# What Does the “Cadillac” Tax Apply to?

## Applies to:

- ✓ Insured and self-insured group health plans (including behavioral, and prescription drug coverage)
- ✓ Wellness programs that are group health plans (most wellness programs)
- ✓ Health Flexible Spending Accounts (FSAs)
- ✓ Health Savings Accounts (HSAs), employer and employee pre-tax contributions
- ✓ Health Reimbursement Accounts (HRAs)
- ✓ Archer Medical Savings Accounts (MSAs), all pre-tax contributions
- ✓ On-site medical clinics providing more than de minimis care
- ✓ Pre-tax coverage for a specified disease or illness
- ✓ Pre-tax Hospital indemnity or other fixed indemnity insurance
- ✓ Executive Physical Programs
- ✓ Federal/State/Local government-sponsored plans for its employees
- ✓ Retiree coverage
- ✓ Multi-employer (Taft-Hartley) plans

## Does Not Apply To:

- ✗ U.S.-issued expatriate plans for most categories
- ✗ Coverage for accident only, or disability income insurance, or any combination thereof
- ✗ Supplemental liability insurance
- ✗ Liability insurance, including general liability insurance and automobile liability insurance
- ✗ Worker's compensation or similar insurance
- ✗ Automobile medical payment insurance
- ✗ Credit-only insurance
- ✗ Other insurance coverage as specified in regulations under which benefits for medical care are secondary or incidental to other insurance benefits
- ✗ Post-tax coverage for a specified disease or illness
- ✗ Post-tax Hospital indemnity or other fixed indemnity insurance
- ✗ Long Term Care
- ✗ Standalone dental and vision
- ✗ Coverage for the military sponsored by federal, state or local governments
- ✗ Employee Assistance Programs
- ✗ Employee After-Tax Contributions to HSAs and MSAs

Sources: National Journal Research, 2016; Cigna, “Affordable Care Act Cadillac Tax”; Internal Revenue Service.