Brown & Brown Metro, Inc.
November 2015

"Every Day Brings New Choices"

New York City Transit Ordinance Guarantees Pre-Tax Transit Benefits

What is it?

Employers (generally non-government) with 20 or more full-time non-union employees working in New York City must offer their full-time employees the opportunity to use pre-tax income to pay for their transportation by public or privately owned mass transit or in a commuter highway vehicle.

Employers must offer full-time employees the opportunity to use pre-tax income to purchase qualified transportation fringe benefits (other than qualified parking) by January 1st, 2016 or four weeks after an employee begins full-time work, whichever is later.

The law provides employers with a 6-month grace period (from January 1, 2016 until July 1, 2016) before the DCA is authorized to seek penalties. After July 1, 2016, employers have a chance to correct any violation of the law within 90 days before penalties are imposed.

Employers must give their full-time employees a written offer of the opportunity to use pre-tax income to purchase qualified transportation fringe benefits and maintain record of the offer and employees' response.

Does this apply to me?

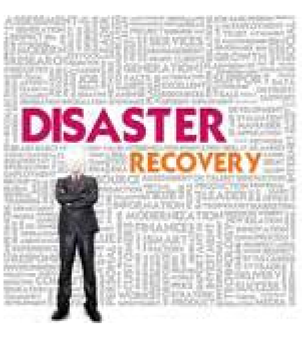
The Ordinance applies to where the employee works, it does not matter where they live.

If part of a chain business (more than one location in New York City) the employer must count all full-time employees.

If business is located in an outside state (i.e. – New Jersey) but employs more than 20 full-time employees who work in New York City occasionally (average more than 30 hours per week in the most recent four weeks in New York City) then the business must offer the benefit to the employees who work in New York City.

If the employee lives outside New York City, but commutes to New York City full-time they must also be provided the benefit because it does not matter where they live, the law applies to where they work.

FOR MORE INFORMATION
CLICK HERE



Disaster Recovery Planning

Fires, Floods, Sabotage, Terrorism – unpredictable and often unavoidable, disasters have the ability to strike anywhere at any time with little or no warning.

Since we can do very little to reduce the risk of a disaster occurring, having a detailed and practiced disaster recovery plan is critical for businesses to minimize loss and disruption in operations.

The following tips should be considered:

- **Assemble a Disaster Recovery Team – include members from all business segments who are informed of precisely what to do during an emergency and who can assess damage and implement recovery efforts in the aftermath.**
- **Establish emergency communications plans – how will you communicate with employees, customers and emergency services after a disaster has occurred? Plans should also be established with vendors to prioritize and restore normal communications systems.**
- **Keep duplicate records – back-up computer data files regularly and store them off-site. Consolidate important physical records and assets and keep copies where they are safe but easily accessible in the event of evacuation.**
- **Identify vital business activities and the resources needed to support them – what will be required to conduct business elsewhere? Find alternative facilities, equipment and supplies and obtain qualified contractors who can respond to your needs.**
- **Practice, Practice, Practice – regular drills are the best way to ensure a plan's reliability. Make sure the team knows whom to notify about the disaster and what measures need to be taken to limit loss. Update the plan whenever there are changes in operations, locations or vendors.**

Brown & Brown Metro has extensive resources to help design an effective disaster recovery plan that can ensure your business recovers as quickly and easily as possible following a disaster. Contact your account representative for additional information.

Switching Health Plans

The first thing that many people think about when picking an employer-sponsored health care plan is price. What are the plan's premiums and out-of-pocket expenses(e.g., deductible, co-payment and coinsurance)?

While price is undeniably an important factor when choosing a new plan, there are several other criteria that should be examined before electing new coverage.

Reviewing Provider Networks

When weighing your new plan options, it is important to check out each insurer's website to determine if your current physician is within the plan's network. Knowing which physicians are in-network can help reduce costs, since receiving out-of-network care typically will result in higher out-of-pocket expenses.

Prescription Drug Coverage

Some insurance plans have certain drug formularies, or a preferred list of medications, and step therapy requirements, which require individuals to try more cost-effective treatments before "stepping up" to more costly drugs.

If step therapy requirements are not followed or if your medication is not on the carrier's formulary, your prescription could cost more, or it may not be covered at all. If you regularly take a certain medication, you will want to visit your new carrier's website to view the plan's drug list. A drug requiring step therapy, for example, may be marked with an "ST." If a medication you take is on this list, contact your physician to determine the best course of action. Reviewing prescription drug coverage before selecting a plan helps ensure you are financially prepared for any adjustments to prescription drug coverage and can reduce confusion at the time of pharmacy pick-up.

Mental Health and Substance Abuse Coverage

Although mental and behavioral health treatments are one of the 10 essential benefits required by the Affordable Care Act (ACA), individual insurance policies may vary on the extent to which these services are covered. For instance, some plans may cap reimbursement at 20 therapy visits while others may not have an annual limit. Being aware that limits for these services may change between your old and new plan is essential when planning for and managing your health care expenses.

Upcoming Scheduled Medical Procedures

If you have already scheduled a medical procedure for the new plan year, it is important to contact your physician's office to ensure you are still covered under your new plan. For example, a pre-authorization for surgery may be required by your new insurer, so by communicating insurance changes with your physician's office prior to receiving services, you can avoid any billing surprises after the procedure.

Tax Advantaged Options

Lastly, some plans may feature tax-advantaged options like a health reimbursement account (HRA) or health savings account (HSA). While these programs vary in requirements and structure (for example, HSAs must be tied to a high deductible health plan), their end goal is to help minimize health care expenses. Reviewing new plans to see if an HRA or HSA is offered may be one way to potentially reduce your financial responsibilities.

Personal Umbrella

Is Your Financial Security at Risk?

An Umbrella Policy can mean peace of mind. Lawsuits in the U.S. have become a common fact of life. ***Are your assets adequately protected?***

- **You are at fault in an auto accident and the other driver sustains serious injuries.**
- **Your child is accused of bullying through social media.**
- **A person slips on your icy steps and breaks their leg.**

Any of these events could easily result in a lawsuit and your primary liability coverage may not provide enough protection.

Please contact us to review your coverage at no obligation.

Your Personal Lines Department

Remember Your Flu Shot

Each year, thousands of people get sick, and some even die, because of the flu. People 65 years and older face the highest risk, but even generally healthy people can become very sick from the flu. That's why getting an annual flu vaccination is so important—it can greatly reduce your chances of getting sick and prevent you from spreading the flu to your family, friends and co-workers.

Flu season started in October and runs all the way through May, so the earlier you get vaccinated, the sooner you'll be protected. And remember, it can take up to two weeks after the vaccination for the antibodies that protect you to develop in your system, so the longer you wait, the longer you're at risk.

You can get vaccinated by your doctor, but many health care centers and pharmacies also offer the flu vaccine. Don't wait; make sure you get your flu vaccine as soon as possible!

DOL Proposes Updates for Registered Apprenticeship Programs

On Nov. 6, 2015, the U.S. Department of Labor (DOL) issued a **proposed rule** to update the equal employment opportunity (EEO) rules that apply to registered apprentices-hip programs.

Through this proposed rule, the DOL seeks to increase the participation of women and minorities in registered apprenticeship programs by updating the scope of a sponsor's EEO and affirmative action obligations and by improving the efficiency of the registered program administrative system. Public comments on the proposed rule ***must be submitted by Jan. 5, 2016.***

Background

Registered apprenticeship programs allow participants to learn the practical and theoretical aspects of highly skilled occupations in various industries, including: construction, manufacturing, health care, information technology and energy. In the United States, there are currently more than 375,000 registered apprentices working for more than 19,000 program sponsors that represent over 200,000 employers.

The National Apprenticeship Act (NAA) promotes labor standards intended to safeguard the welfare of apprentices. The NAA is enforced by the **Office of Apprenticeships** (OA), which is part of the DOL's **Employment and Training Administration** (ETA).

NAA standards include rules related to the registration, cancellation and de-registration of apprenticeship programs and criteria for state apprenticeship agencies (SAAs).

The standards also contain specific EEO requirements for registered apprenticeship program sponsors. Some of these standards include:

- **Prohibiting sponsors from discriminating against apprentices and applicants based on race, color, religion, national origin and sex; and**
- **Requiring sponsors to take affirmative actions to provide EEO in their programs.**

Why a Proposed Rule?

In 2010, the OA began investigating whether program standards should be updated to account for legislative changes and legal developments that have taken place since the NAA was first enacted in 1978.

Recurring themes stemming from the OA's investigation included the need to:

The DOL's proposed rule was developed to address the issues the OA identified by updating the scope of sponsor EEO and affirmative action obligations and suggesting various changes to increase the efficiency of the registered program administration system.

Updating the Scope of EEO Obligations

Currently registered apprenticeship programs are prohibited from discriminating against individuals on the basis of race, color, religion, national origin and sex. These EEO obligations have not been updated to account for various legal developments.

Specifically, the proposed rule will incorporate prohibitions against discrimination based on:

- **Pregnancy, childbirth and related medical conditions, as required by the Pregnancy Discrimination Act;**
- **Gender identity, sexual orientation or transgender status, consistent with recent interpretations of sex discrimination (however sponsors will not be required to incorporate sexual orientation into written affirmative action plans nor to collect employee or applicant data on sexual orientation);**
- **Age, as required by the Age Discrimination in Employment Act;**
- **Genetic information, as required by the Genetic Information Nondiscrimination Act (GINA); and**
- **Disability, as required by the American with Disabilities Act (ADA).**

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