



PPACA Preparedness Checklist

By filling out the information below, you can assess your business' preparedness for the onset of the most important provisions of the Patient Protection and Affordable Care Act. If you are unable to complete any of the items, or if you are not fully aware of the implications of each item, we strongly encourage you to contact our office for further consultation. Please direct any questions to Alex Renfro of the Ratloff Law Firm at arenfro@ratlofflawfirm.com or 888-712-6334, extension 705.

1. My business' name is _____, in the _____ industry.

2. May we contact your office with a formal assessment based on the information below? Yes No

Point of Contact: _____ Phone Number: _____

Address: _____

3. My business has (#) _____ full time employees, _____ part time employees, _____ seasonal employees, and _____ contract workers.¹ Of these, _____ employees are eligible for my health plan.

4. My business' health plan is self-insured insured by: _____.

5. I currently have access to the following documents:

- The Plan Document (not an insurance contract or Certificate of Coverage)
- The Insurance Contract or Renewal Agreement
- Summary of Coverage
- Summary of Benefits
- The Summary Plan Description
- The Certificate of Coverage
- Form 5500 Filings by my business or on my plan's behalf by my group provider
- All documents presented to my employees in connection with the health plan.

6. My business' health plan costs the business \$_____ (circle one) annually/monthly.

7. My business' health plan costs the employees \$_____ (circle one) annually/monthly.

8. Health claims are reviewed via insurance company, TPA, in-house, some combination of efforts, or I am not sure.

9. My business' health plan deductibles are \$_____ for individuals and \$_____ for families.

10. Annual limitations on coverage under my business' plan are \$_____. Lifetime limitations on coverage are \$_____.

¹ Full time employees are those that work 30 hours a week or more.