Navigating the Affordable Care Act
Understanding the law and planning implications for clients

Roundtable moderated by Michael E. Kitces, CFP®, CLU®, ChFC®, RHU, REBC
Participants: Adam Beck, J.D.; Angie Lieb; Carolyn McClanahan, M.D., CFP®;
and Katy Votava, Ph.D., RN

The Affordable Care Act has been a source of political contention for more than five years. The first Republican gunning for the 2016 presidency has already vowed to repeal it should he be victorious, but the reality is it’s in effect and it’s in the best interest of your clients that you keep abreast on how to navigate the legislation as it now exists.

Journal of Financial Planning practitioner editor, Michael Kitces, brought together four experts to dispel many common misconceptions planners and consumers have about the ACA and to discuss the intricacies of the law and its implications on clients and small businesses.

Carolyn McClanahan, a physician and financial planner, is joined by Adam Beck, an attorney who specializes in health care; Katy Votava, a leading Medicaid expert; and Angie Lieb, a health insurance agent, to give an overview of the law and offer financial planners resources and advice.

Michael Kitces: We’ve been through two open enrollment seasons now for our new health insurance rules. We’re heading into
our first tax season, actually claiming and reporting the new premium assistance tax credits. As people who’ve been following this law’s rules since before they were implemented, what’s your assessment of how everything is going so far?

Carolyn McClanahan: The exciting thing is the concept that clients can get good insurance without worrying about insurability. It really has met my expectations. The complexity of purchasing insurance has matched my expectations too—and not in a good way. They could have done a much better job with how insurance could be purchased. But it seems to be working better than expected, given all the challenges in implementing the law.

Adam Beck: There are really two questions being asked here: the issue of how enrollment is going; and the issue—which we really don’t fully yet know how it’s going to play out—of how tax season is going. On enrollment, I agree that it’s going better than anyone expected when you look at the objective numbers. But it is certainly more nuanced than saying, “Okay, numbers are exceeding expectations.”

More people are signing up. People are by and large happy with the coverage that they’re receiving. And along the way, you still have engaged financial professionals. That said, I think there are opportunities to further involve [health insurance] brokers. I think there are opportunities as the market responds, and over the next couple of years, as people realize that maybe the plan that they purchased in 2014 left them with too high bills, and they’re going to make different purchases as the years go on.

[Tax season] is a slightly different story. The IRS is going to go through substantial growing pains as they adjust to the fact that there were people who had income fluctuations, or claimed income differently than what they actually ended up earning, and are going to have to pay back tax credits that they received, or vice versa. [Some] people did not receive as full a tax credit as they should’ve been entitled to, and I think it’s going to be a bit of a nightmare for the IRS, and a headache for a lot of taxpayers. So it’s a mixed bag.

Katy Votava: I would agree that systems have improved, almost dramatically, in terms of [the] website, but they still have a long way to go.

When you compare the health care that the public market, the federally
filed market, or even the state market [offer], to what’s available on private sites, it’s better by and large on private sites—the eHealthInsurances of the world and so on. There’s still a tremendous amount of confusion and fear. And I don’t know that I necessarily agree that it went a whole lot smoother for a lot of people.

When you re-enroll a lot of people, that’s great—you decrease the number of folks who are first-timers. But first-timers—at least the people who come to us—are terribly confused. A fair amount of sticker shock remains. And it varies somewhat around the country, depending on the state, but people who are transitioning from employer-based coverage are really surprised at the prices, and they still feel pinched on how to incorporate that into their daily budget.

And yes, where the tax season’s going to come out, that’ll be quite something. In talking with tax professionals, it’s a new burden to their practice.

Angie Lieb: One concern that we’ve seen as an insurance agency, as brokers, is we are being asked to give financial advice. We’ll see clients who oftentimes are self-employed, and they’ve done enough research to understand how to manipulate their income to qualify for a tax subsidy, and they’re looking for us to sign off on that.

Or we’ve talked to some who are so terrified of screwing something up … that they don’t want to make a decision, and they’re asking us for financial advice.

As far as the health care exchange or some of the private insurance websites directly, one of the main concerns we still see is there’s not a lot of education out there. People are picking plans based on price. They don’t necessarily understand that it might be a narrow network or that there are lots of little nuances within the plans.

If someone does not qualify for a tax credit, then the sticker shock is very upsetting.

Kitces: So how should planning conversations with clients be changing? What are the high-level education issues that planners need to be thinking about?

“...it’s crazy for a financial planner to let any of their clients go without health insurance, whether there’s a penalty or not.”

—Carolyn McClanahan, M.D., CFP®

Lieb: The major thing I would recommend is people need to understand that there are different [health care doctor and provider] networks. There are plans that have in-network benefits and out-of-network benefits. There are HMO plans, some of which are very strict, like what we’re used to. There are some hybrid HMO plans. There are some PPO networks, but they’re very limited. For instance, we have one here in Jacksonville, [Fla.] that has one hospital and a small number of doctors. And it’s a great place for many people, but there’s no caution that says, “Before you take this plan, have you [checked if] your doctor’s in network?”

As an insurance agent, many times we do dummy applications on each other, and send clients to the provider directories, or to look up their prescriptions to see what tier their prescriptions are on. These are not easy things for even the very savvy consumer to know and to find out. I would say that’s what we run into the most is that people pick the plans only to find out—after they’ve received a very large bill—that it wasn’t a good fit for them.

Votava: The area financial advisers could come up to speed on more is the financial picture. What’s the modified adjusted gross income calculation that works for the Affordable Care Act? There’s a very specific list of what’s included and what’s not, and people could understand better up front. Even if an adviser doesn’t bring forth the tax issues, which many don’t, it’s very important to get copies of their tax returns so you can have an understanding of where they might be.

I see a learning curve for consumers and advisers to come up to speed. Since so many of the plans out there are health savings account eligible, I find a tremendous amount of misunderstanding out there of how they work, the pros and cons, and how to match up a plan to a health savings account. In my professional opinion, it would be a worthwhile consideration, but some of [the plans], even if they’re [health savings account] eligible, the deductibles and the amounts are so high that maybe that’s not the best choice.

McClanahan: One of the things we’ve been very proactive in doing—and this works best with clients 55 and older who are retiring early—is to make certain we’re planning out their cash flow needs for the next few years so that they have enough free cash flow that we’re not going to have to increase their taxable income [in a way that would] disqualify them for [premium assistance tax] credits they’re claiming. It’s an ongoing process, and explaining to the clients the importance of sticking with it is paramount to making certain they’re not going to owe a big chunk of money the next year.
Kitces: Most planners are probably aware of how much trouble there was with the launch of Healthcare.gov in year one. How are the exchanges—individual and Small Business Health Options Program (SHOP)—functioning at this point?

McClanahan: For me, the best purpose for the exchanges is they [offer] a really great opportunity to shop for and figure out what the best plan is for the client. Like Angie said, one of the mistakes people make is picking the wrong plan. [Healthcare.gov] is very robust in knowing exactly what’s available on those plans, and also in playing with the income amounts so you know what the tax credits are going to be.

Lieb: We recommend using the exchange as a good place to shop to find the appropriate plan and the different rate comparisons. Oftentimes, if someone does not qualify for a subsidy, the tax credit, we recommend that they apply directly with the carrier. It eliminates having to apply on Healthcare.gov.

McClanahan: I do not let anybody sign up directly through Healthcare.gov. I send them to an agent. We only use Healthcare.gov to shop, and then we let the agent walk them through Healthcare.gov [and the application process] if they are going to qualify for subsidies. Agents get paid now to do that, which I think was a smart move on the administration’s part.

Votava: I would agree it’s great to send the person to an agent. What we’re finding around the country is it’s hard to identify agents who will work with folks. And that was a part of the website that was slow to come up to speed. I would hope that there’s an improved way to quickly find brokers, because that’s a lot of where the education comes in that you’re talking about, for people to understand what’s really in the plan, because [right now] they don’t [know].

And Healthcare.gov is a great place to start, but there are plans that aren’t on there. There are companies that have decided not to participate in the federal and state exchanges. For those [clients] who are not subsidy eligible because they make too much money, there could be options that they overlook.

Beck: I definitely agree that there should be a greater opportunity to connect with brokers to get education and answers from someone who’s licensed and independent. But on the question itself, are they working as expected? I think the only answer to that is yes. Obviously, it’s not a one-size-fits-all tool, and if you’re not qualifying for a subsidy, then going elsewhere in the end may end up making sense.

In terms of the user experience, fears were stoked, rightfully so, in October and much of November 2013 when we were promised this very intuitive, user-friendly, easy-to-navigate web portal where anyone could browse for insurance—then you couldn’t even log on.

When we got past that, and when you go on to it now—whether it’s Healthcare.gov or most of the state exchanges—most are pretty good as far as the user experience.

It was framed in the Affordable Care Act as a tool people can use. I think it’s fair to say that the tool itself is working as expected, as evidenced by the sign-up numbers.

Kitces: Is there a price difference between getting coverage by working with a broker versus getting coverage by going through Healthcare.gov and buying it yourself?

Lieb: There’s no difference based on commission from the insurance companies. There’s no price difference between going through an agent and going direct on the exchange.

Beck: There’s no price difference, but you run into something that’s kind of human nature that we see any time we’ve made [purchases] primarily through the Internet—buying any product or service is made easier when you do have people. Technically, yes, you can simply go through and purchase something and think, “Oh, I can do this on my own.” There are people who will do that with home buying, or purchasing an automobile; they think they know what they’re doing, but they could really benefit from the input and assistance of someone who knows what they’re doing.

Kitces: Let’s talk about some of the tax credits and tax penalties. We have the individual insurance mandate on one end, and the potential for premium assistance tax credits on the other. How much is avoiding the insurance penalty or getting the premium assistance tax credit actually a part of the conversation?

McClanahan: It’s crazy for a financial planner to let any of their clients go without health insurance, whether there’s a penalty or not. So for us, the penalty for not having insurance is not an issue. On the other hand, the tax credits have been a big thing. We had four clients who retired early only because they knew now they could get good health insurance without having to worry about insurability issues. These were great value-adds for clients, where we went through and helped them figure out the best way to do this.

When they see that they’re saving a few thousand dollars a year by getting tax credits, and potentially when they become ill and have great cost-sharing subsidies, they love us. Those have been good conversations. For the majority of clients, though, they’re still on employer-based care, so it doesn’t really matter, and it doesn’t come up in conversation.

Votava: What we’re seeing in our practice more than I would have thought is that the tax credits are important, particularly around change-of-life events.
A key piece for people to figure out while working with a consultant like ourselves and their financial adviser is that modified adjusted gross income. What is it going to be? And making sure that they don’t shoot themselves in the foot by taking money out of some source that would count against them. It’s been a bigger issue, and a bigger help to people who are over 50—though there were some young folks who are aging out of their parents’ insurance—who are working but not at high-paying jobs—who have to provide their own insurance. So we’re seeing it as an important tool.

Lieb: To segue on that, we actually had a client call two days ago who hates his job. He’s financially in a good position where he can make a transition to do consulting, but his biggest worry is, “Can I get good health insurance?” I said, “Not a worry. Turn in your resignation.” I think it’s freeing for people. I do think, as people come to depend on the law, and the law is hopefully no longer untethered from the employment relationship.

Beck: I think there are three big areas where you have substantial new opportunities for people: to retire early, if they can otherwise afford to; if they’re only staying in [their current job] for the benefits or waiting for Medicare; for people in dual-income households where one partner is working mostly for the benefits; or to help a small business get started.

I can launch a start-up. I can be an entrepreneur. I can work in consulting or a solo capacity. I can start a small business, and part of the reason I can do that is I don’t need to go out and find someone to underwrite and sell me what’s going to be expensive health insurance. I can start the company, offer a competitive salary, and my employees can get coverage on their own.

On small businesses, the best estimate I’ve seen is that in the initial years, we may see 1.5 million new enterprises, and that can be attributed as a direct result of the fact that health insurance has been untethered from the full-time employment relationship.

“In the initial years, we may see 1.5 million new enterprises, and that can be attributed as a direct result of the fact that health insurance has been untethered from the full-time employment relationship.”

—Adam Beck, J.D.

Kitces: There were supposed to be a lot of changes around small businesses and the SHOP exchanges, which impacts our readers not only in planning with their clients, but because many are small business owners who deal with health insurance for their employees. Where do we stand with the new health insurance law as it pertains to small business owners?

Votava: One thing we’re seeing is a lot of small businesses—predominantly those with under 15 employees—doing evaluations and hiring us to help, to say, we’ve got our group plan, but where are we at? What are the options for having people go directly to the marketplace? How do we do that? Now that they have options for their employees, it’s something that they’re reaching out to us about, because it’s something they don’t want to be involved with. The costs are so variable and difficult for them.

I’ve been surprised at the SHOP [exchange], because it’s not particularly functional online. I’m not hearing of it being as big of a variable as I had thought it would be, and actually hoped it would be, because a small business can only offer a limited number of options, and they have potential through the SHOP to offer more options. But I’m just not seeing that be the player I thought it would be.

Lieb: The SHOP [exchange] is pretty much nonexistent where we are, and I can’t for the life of me figure out why. I know some carriers have looked into doing their own SHOP plans, where basically an employer could just contribute a certain amount of money, and employees can pick whatever plan they wanted from that particular carrier. It never got off the ground.

The majority of our business is small groups of under 15 employees. What we typically see is anyone who had one, two, or three people enrolled on a group plan, almost all of those have been able to go to individual policies—even if no one qualified for a premium tax credit.

What we typically do on each one [who renews]—I would say four to 16 employees—is a spreadsheet on every employee on a group plan versus an individual plan who qualifies for a subsidy. What we’re finding is about half of the employees are going to save money [with individual policies], and for 50 percent, it’s going to be more expensive on the individual policy. Then we have a discussion with the owners regarding how you reimburse those employees. Are you going to reimburse those employees’ tax deductions and things of that nature? It’s a very long process now to help a small group [figure out] which is the best way to go.
**Beck:** With SHOP, I think it’s kind of redundant when you have the functioning individual marketplace out there that has tax credits. Even if you don’t qualify for a subsidy, it may still end up being more affordable than for both your employer and you to go through the process of small-group, employer-based insurance.

I think part of the reason that SHOP has failed is that the rates, while not awful, are still not at the level where most small businesses would be able to afford them absent any assistance.

The small business health [insurance] tax credit is kind of a joke, in my opinion. It’s really complicated to figure out, it’s only available for two years, and the people who are going to qualify for it are only the tiniest of businesses—fewer than 10 full-time equivalent employees, paid relatively low wages, on average. At that rate, if you’ve only got a few employees, getting them to go purchase plans on their own through the individual exchange is probably going to be a lot easier than the administrative headache of trying to enroll through SHOP.

It’s a nice concept—giving small businesses these options, and the employee choice model is great—and if the individual exchanges didn’t exist, it would be a lot more popular, but it’s just kind of redundant and overly burdensome without enough tax credit incentives to make it really viable.

**Kitces:** We mentioned a few planning opportunities—early retirement, people starting their own businesses—but what other kinds of opportunities should planners be thinking about with their clients now, considering the premium assistance tax credits and so forth?

**McClanahan:** One thing we’ve always done because it is a good practice is making certain people are diversified in their investments tax-wise—that they have taxable savings, tax-deferred, and if possible, tax-free. We explain to the clients that this is very important for opportunities in the future where they may have to manipulate tax brackets. And clients totally get that. I encourage other planners to think more along those lines—that saving a few dollars a day in taxes may not be worth what you give up in flexibility in the future.

**Votava:** I think it would be wise for advisers to keep a list of special enrollment-qualifying events, life-changing events. With some of them—having a baby is one—you have several months’ notice on, and others may come up suddenly. But those are opportunity points that shouldn’t be overlooked, because then people have—outside of the annual enrollment—60 days to take action. That’s not that long, particularly for people who are going through life-changing events, as they’re under a lot of stress.

**Lieb:** It’s no longer uncommon to have a $5,000 individual deductible, or a $12,000 family deductible. People don’t have that kind of cash on hand, and it’s not going to happen overnight, but people need to be able to have more cash on hand for their health insurance than they’re used to.

Two big buzz words we hear all the time now are “cost-sharing,” which basically is just passing on more of the cost to the consumer, and “transparency.” A lot more of those first-dollar expenses are being passed on to the consumer than most of them, especially those 50 or older, are used to.

**Kitces:** A legal case is making its way to the Supreme Court that could cut off premium assistance tax credits for those using the federal exchanges. Do you see a risk of this happening? Would it impact the planning we’ve been talking about?

**McClanahan:** I’m a SCOTUS junkie—by no means a lawyer—but to me, it’s like watching a great soap opera. You never know what they’re thinking. I was so surprised with their last ruling regarding the law that I thought would put all this to rest. So I think there is a risk that they can cut off the tax credits, even though I think it would be insane for them to do so. To me, this would cut both the newly insured and the insurers off at the knees.

Now what would happen if they do?

This would only affect the states that are on the federal exchange. States that are on the state exchanges will be okay.

I think the law has been enough of a success, especially in Florida, which was very anti-health care reform earlier, that the states that would be affected by the law would create state exchanges so that subsidies would be restored.

**Beck:** I would hope that the states would step in. I’m not going to cross my fingers that a lot of these states, particularly with the Republican governors who have been so opposed to having anything to do with the Affordable Care Act, would actually step in to save this.

Is there a chance that the Supreme Court actually sides with the plaintiffs in King v. Burwell? Well, there’s definitely a chance; it wouldn’t have made it this far if there wasn’t. But the legal argument itself is fairly preposterous. It’s one of the most absurd legal contentions I have seen actually reach the justices of the Supreme Court, because it is so very cut and dry.

Yes, there’s the plain text reading argument that, for context, has to do with four words in the Patient Protection Affordable Care Act that refer to tax credits being available to individuals who make a purchase in an exchange “established by the state.” Elsewhere, it references federal exchanges, and the IRS has interpreted the language to obviously include the federally facilitated marketplace, and there are decades of cases of statutory construction that favor the administration
on this one. The questions in oral arguments gave me a sigh of relief that I don’t think they have five votes to gut it. But as we said, you really never do know with the Supreme Court, particularly with this so closely divided Supreme Court.

It would not necessarily be a death blow to the Affordable Care Act, but it would be a pretty disastrous situation. All Congress would have to do is pass a one-page bill. That’s all that would be required of them right now to fix this.

In any other political climate, a rational Congress would say, “Oh, all we need to do is pass a bill that amends this to throw in ‘and federal,’” and they would do that. But I’m hoping that the legal argument to extend the subsidies to the federal exchange has so much jurisprudential backing that to side the other way would be obviously not just reckless from a policy perspective, but it would be legally very confusing.

Votava: Even if it is struck down by the Supreme Court, I think it’s highly unlikely that very much will change. It wouldn’t be hard for the states to have exchanges themselves, even if [the rule is upheld]—all they need is a different contract with Healthcare.gov. And while initially, many of the Republican governors weren’t interested, Florida is gung-ho over it. Kentucky’s Mitch McConnell, who is the majority leader in the Senate, comes right out and says, “Well, we’re not going to get rid of ours because we’re real happy with it.” It’s very hard to take things away from an electorate that are working well.

Lieb: I think the states would probably set up their own exchanges. My concern is that they would be set up in a very knee-jerk, hurried manner, and the political animosity out there would cause a lot of chaos in the market.

Another concern would be that there might be a lot less competition. Here in North Florida, we don’t have a lot of competition. I’m afraid that the carriers that have already pulled out of this market might continue to pull out, so we would be left with one or two choices on the individual market.

Kitces: What are some of the biggest misconceptions you still hear amongst planners regarding health care reform?

McClanahan: The biggest misconception I hear is that they think only substandard policies are available. They don’t understand how to plan for the tax credits or cost-sharing subsidies, and they definitely don’t understand that you can use a health insurance agent to go through the exchange instead of sending people directly to it.

The other misconception is that everybody thought employers would have dropped coverage. It’s happening some, but [the Congressional Budget Office] just came out with new numbers, [and the] impact is much less than expected. I think we’re not going to see any drastic changes in how health insurance is sold. The good news is that health insurance is going to be available to anybody, regardless of their health status.

Lieb: The biggest one we hear is folks calling us, and we’re in a fairly conservative area here, thinking that Obamacare, or the Affordable Care Act, is a separate, government-run insurance plan. “Do not try to sell me that Obamacare.” I hear that quite often.

[Other misconceptions are that consumers] don’t understand the difference between underwritten policies before 2014 and guaranteed issue. [They think] insurance is more expensive if you use an agent, and [they fear] that doctors are turning down Obamacare plans [as though] their doctors somehow know whether they have Obamacare.

Beck: It’s a mix of the nomenclature and the political animosity out there, and the way they’ve collided, but I hear from people who are just confused.

They’ll say, “Oh, so-and-so is on Obamacare,” as though it’s one single thing. They’re not getting the numerous [range] of plans that are out there, some of which are very good, some of which are obviously going to be less robust, or be more expensive, or have higher deductibles.

The term “Obamacare” is misleading because it sounds something like Medicare. You enroll in traditional Medicare and it is a single program. That’s throwing a lot of people off. Then, of course, you do have the people who love their Affordable Care Act coverage, but hate their Obamacare, not realizing that they’re one and the same.

I represent physicians, and some have tried to tell me that they know when a patient is coming in, they can see on the chart, if they have an Affordable Care Act plan. I think in some markets, yes, maybe there are some who’ve learned the name of the plan itself and that it’s only available on the ACA exchanges. What difference that actually makes to them, I’m not sure, because whether it’s a Blue Cross plan, Aetna, or WellPoint, it’s not as though they’re saying, “We were going to pay you this amount based on our standard reimbursement rates, but you’ve got an Obamacare patient, so you get half that.” That just isn’t happening. Unfortunately, I even hear that from physicians, but I understand that for most of them, it’s based in a political view that’s distorting that. That’s unfortunate.

The other thing I hear from planners that concerns me is that they will hear from business owners who are confused about who’s affected by the employer mandate. Small business owners will go to them and say they’re concerned about whether the current or the pending employer mandate tax penalty that’s coming, and [the planner will] ask how many employees they have, and they have 30 employees. That’s stressing over something that isn’t impacting
them highlights the fact that they need advice on that.

**Votava:** One of the greatest misunderstandings is really how high-deductible health plans and HSAs work. While they existed before the Affordable Care Act, they’re now much more important players. [Clients need to] understand how their premium dollars will work, and if they’re going to be pre- or post-tax, and then the tax advantage of the health savings account.

I’ve done consultations with advisers themselves who say, “The plan I have now, I am paying so much in premiums, and I have this big deductible, but I’m using post-tax dollars.” Most people will never meet that level for tax deduction for medical alone. To really understand how those two fit together has been a longer-term thing that I’ve seen in my practice, and now it’s more important.

**Kitces:** Some provisions of the ACA either haven’t taken effect, or were supposed to and got delayed. What should planners be watching out for in the next year or two?

**Beck:** There could be a delay, potentially this year, in the change in the definition of small group market. Currently, as of January 1, 2016, it is set to go nationwide that “small group” will be expanded to include employers with 51 to 100 employees. Currently, it’s at the state’s discretion. I think there’s will, possibly, within the administration to delay that. And that could be a substantial delay, particularly for advisers who work with small group markets and employers.

I hear from people that it’s hard to keep track of what’s even in effect, or what’s been delayed. A lot of that comes from the repeated employer mandate delays more than anything else. Absolutely, there was stuff that was delayed, and stuff that still hasn’t gone into effect, but it was the exception rather than the rule.

**McClanahan:** The bigger impact I think we’ll see is that the tax penalties for not having health insurance go up this year, and again next year. So the people who had a little pain from not having insurance in 2014 are going to get squeezed a little harder. These aren’t things that were delayed, just things that people don’t understand are going to happen, that they’ll find out on the back end when they file their tax return.

**Kitces:** What are some resources available to help planners through these issues going forward?

**McClanahan:** I think the first resource that a planner should have is a really good health insurance agent they can talk to. If you don’t know somebody, then take a health insurance agent out to lunch, and then keep taking them out to lunch until you find one that doesn’t speak badly about the ACA, and is happy to walk your clients through the exchanges.

A few sites are very valuable. [The first] is still Healthcare.gov. Even though I don’t recommend people purchase insurance through the site without an agent helping, it does have a wealth of information, and especially during open enrollment it makes it easy to compare plans. My other favorite area is Kaiser Health News (kaiserhealthnews.org), and Kaiser Family Foundation (kff.org). They always have the latest and greatest on what’s happening with the law.

**Lieb:** One resource is the National Association of Health Underwriters, which is basically brokers and agents and anyone in the health insurance business. If you go to nahu.org, you can find your state chapter, your local chapter, and most cities have a chapter as well. Oftentimes, you can find local agents who are ACA-certified.

Another resource I use is United Benefit Advisors (ubabenefits.com). They put out some pretty good blogs on things that are going on in the health insurance industry.

[Regarding] finding an agent: find someone who not only sells individual health insurance, but large and small group plans, because you need an agent who is knowledgeable on all three sectors and how all three areas are affected.

**Beck:** The National Association of Insurance and Financial Advisers (naifa.org) has some good resources on their website. If you have clients who have questions about what’s required from the Labor Department, or what the IRS is requiring, primary sources are always a great way to go.