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PRIORITY Alert

IRS Releases Final Forms and Instructions to Comply With ACA Employer Reporting Requirements

By Tripp W. VanderWal; vanderwalt@millerjohnson.com; 616.831.1796

In February 2015, the IRS released "final" versions of both the forms and instructions for purposes of "individual mandate reporting" under Section 6055 of the Internal Revenue Code (Code) and "pay or play reporting" under Section 6056 of the Code. These forms and instructions replace drafts released by the IRS in 2014. (For more information about the draft forms, please see July 2014 Client Alert: "IRS Releases Draft Forms for Employer Reporting Requirements under Health Care Reform"). While there were only minor changes to the actual forms and instructions to Forms 1094-B and 1095-B, there were some helpful updates to the instructions to Forms 1094-C and 1095-C.

Updates to Instructions to Forms 1094-C and 1095-C

Authoritative Transmittals Large employers may file more than one Form 1094-C (e.g., separate Forms 1094-C for the employer's separate divisions) if one Form 1094-C is marked as the "authoritative transmittal." The authoritative transmittal must include aggregate employer-level data for both divisions.

The non-authoritative transmittal, however, is not required to include certain information that is required of the authoritative transmittal, such as information about other members in the employer's controlled group and what type, if any, of "transitional relief" the employer qualifies for.

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Individual Mandate Reporting (Section 6055 Reporting)

- Form 1094-B can be found at www.irs.gov/pub/irs-pdf/f1094b.pdf
- Form 1095-B can be found at www.irs.gov/pub/irs-pdf/f1095b.pdf
- Instructions to Forms 1094-B and 1095-B can be found at www.irs.gov/pub/irs-pdf/i109495b.pdf
- FAQs about individual mandate reporting can be found at www.irs.gov/Affordable-Care-Act/Questions-and-Answers-on-Information-Reporting-by-Health-Coverage-Providers-Section-6055

Reporting For Non-Employees It was previously unclear whether large employers that sponsor self-funded plans should use Form 1095-B or Form 1095-C to report information regarding non-employees (i.e., non-employee directors, retirees or COBRA qualified beneficiaries) who are enrolled in the employer's self-funded plan. The final instructions indicate that large employers may use either Form 1095-B or Form 1095-C to report information for these non-employees.

Multiple Employers in the Same Controlled Group Each employer within a controlled group that constitutes a single large employer must separately prepare a Form 1095-C for each full-time employee that works for the employer during the calendar year. So, employers within a controlled group may be required to separately prepare Form 1095-C for the same full-time employee, if the employee works for multiple employers in the controlled group within the same calendar year.

Under the draft instructions it was unclear which employer should report for a full-time employee who works for two different employers in the same controlled group during the same calendar month. The final instructions clarify that the employer for which the employee works the greatest number of hours in a month is obligated to report for that employee. If the employee works for each employer for an equal number of hours in a month, the employers may designate the employer that reports for the employee.

Employee Count Large employers are required to include the total number of employees (including non-full-time employees) in each calendar month (the purpose of this information is not clear). The final regulations clarify that employers may count employees for this purpose as of: (1) the first day of the month; (2) the last day of the month; (3) the first day of the first payroll period that starts during each month; or (4) the last day of the first payroll period that starts during each month, provided that the last day of the payroll period falls within the same month in which the payroll period starts.

Actual Offers of Health Coverage The final "pay or play regulations" (see our February 2014 Priority Alert article "New Regulations Help Employers Ease Into Pay or Play for more information on these regulations) offer various forms of "transition relief" in which a large employer will be "deemed" to offer health coverage to certain full-time employees (i.e., adding dependent coverage, coverage under certain multiemployer plans and transition relief offered to certain non-calendar year plans). Employers must only report "actual" offers of health coverage rather than "deemed" offers of health coverage under the transition relief.

Pay or Play Reporting (Section 6056 Reporting)

- Form 1094-C can be found at www.irs.gov/pub/irs-pdf/f1094c.pdf
- Form 1095-C can be found at www.irs.gov/pub/irs-pdf/f1095c.pdf
- Instructions to Forms 1094-C and 1095-C can be found at www.irs.gov/pub/irs-pdf/i109495c.pdf
- FAQs about pay or play reporting can be found at www.irs.gov/Affordable-Care-Act/Employers/Questions-and-Answers-on-Reporting-of-Offers-of-Health-Insurance-Coverage-by-Employers-Section-6056

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Health Care Reform Update:

Happy Five Year Anniversary

It's hard to believe that employers have been living with the Patient Protection and Affordable Care Act (also known as Health Care Reform) for almost 5 years. The law was enacted on March 23, 2010 and continues to have a significant impact on employers. The number of requirements and the volume of regulations and other guidance which has been issued to date is unprecedented in the employee benefit arena.

One question employers frequently ask is whether Congress will repeal or scale back Health Care Reform. While the new Republican majority in the Senate, coupled with the existing GOP majority in the House, has introduced many bills to repeal, modify or otherwise reduce the scope of Health Care Reform, President Obama's veto pen is still a likely impediment to any significant change.

For that reason, we encourage employers to continue to comply and prepare for the additional new requirements as they take effect. Probably the most significant for you to consider is the new employer reporting requirements (please see the first article in this Priority Alert for details).

Simplified Reporting If an employer makes a "qualifying offer" (i.e., the offer of coverage is of "minimum value" and is "affordable" based on the federal poverty level safe harbor to a full-time employee and the employee's spouse and dependents, if applicable, for all 12 calendar months) to a full-time employee, the employer may provide the employee with an alternative simplified statement instead of a copy of the actual Form 1095-C. The final regulations clarify that employers that sponsor self-funded health plans cannot provide this alternative simplified statement to full-time employees who actually enroll in the employer's self-funded health plan.

There is also a qualifying offer method that only applies in 2015, which allows employers to provide full-time employees with a similar alternative simplified statement. Again, employers that sponsor self-funded health plans cannot provide this alternative simplified statement to employees who actually enroll in the employer's self-funded health plan. NOTE: Even if an employer may provide its full-time employees with an alternative simplified statement under one of these qualifying offer methods, the employer must still file a copy of the actual Form 1095-C with the IRS. In other words, the employer is not relieved from preparing the Form 1095-C under these simplified reporting options.

Conclusion

The final versions of the forms and instructions provide helpful guidance to previously unanswered questions regarding the employer reporting requirements. But, they also confirmed previous suspicions that the employer reporting requirements are complicated. As a result, employers should begin to develop a compliance plan now. Miller Johnson is hosting a "Preparing for ACA 6055 / 6056 Reporting" workshop to assist employers understand these employer reporting requirements. It will be held on August 18 and August 19 in Grand Rapids and on August 20 in Kalamazoo.

IRS Releases Initial Guidance On The Cadillac Tax

By Kaley M. Connelly; connellyk@millerjohnson.com; 616.831.1786

The IRS recently released Notice 2015-16 (found at www.irs.gov/pub/irs-drop/n-15-16.pdf), its first guidance on the excise tax on high cost employer-sponsored health coverage (i.e., the Cadillac tax) which will become effective in 2018. The Cadillac tax is a 40 percent non-deductible excise tax on the aggregate cost of "applicable employer-sponsored coverage" (referred to in the Notice and here as "applicable coverage") that exceeds certain dollar limits.

The Notice is intended to "initiate and inform" the process of developing regulatory guidance on the Cadillac tax and, as such, does not offer guidance on which taxpayers may rely. However, it does discuss some of the major issues surrounding the implementation of the Cadillac tax and offers potential approaches for resolving those issues. It also seeks comments from interested parties on these issues as well as on related issues under COBRA.

The Notice focuses on three key topics relating to the Cadillac tax:

1. What types of coverage constitute applicable coverage subject to the Cadillac tax.
2. How to determine the cost of applicable coverage.
3. How to apply the annual statutory dollar limits to the cost of applicable coverage.

What Constitutes Applicable Coverage Subject to the Cadillac Tax?

The statute contains a general definition of applicable coverage that includes any coverage under a group health plan made available to an employee by an employer (including governmental employers) if the coverage would be excludible from the employee's income if paid by the employer. The statute also specifically indicates that certain types of coverage will constitute applicable coverage, including Medical Flexible Spending Accounts (FSAs), Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), governmental plans, retiree coverage, multi-employer plans and on-site medical clinics.

However, the statute expressly exempts certain types of employer-sponsored coverage from the Cadillac tax, including the following:

- Dental or vision insurance that is issued under a policy, certificate or contract of insurance that is separate from the group health plan;
- Long-term care insurance;
- Coverage only for accident, or disability income insurance, or some combination of the two;
- Liability insurance;
- Long-term care insurance;
- Coverage issued as a supplement to liability insurance;
- Workers' compensation or similar insurance;
- Coverage for a specified disease or illness and hospital indemnity or other fixed indemnity insurance that is not excludible from income.

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The Notice addresses several open questions relating to the statute's definition of applicable coverage and leaves several open questions, as follows:

HRAs and Executive Physical Programs Although they are not specifically identified as applicable coverage under the statute, future guidance will likely provide that HRAs and executive physical programs are also included in the definition of applicable coverage, since these forms of coverage meet the general definition of applicable coverage under the statute and are not specifically excluded.

On-site Medical Clinics The IRS is considering excluding certain on-site medical clinics from the definition of applicable coverage, namely, those that provide only de minimis medical care (such as first aid) to employees. On the other hand, on-site medical clinics providing primary care will be included in applicable coverage.

Self-insured Dental and Vision Coverage The IRS notes that many commentators have interpreted the statute to mean that only fully insured stand-alone dental and vision benefits are specifically excluded from the Cadillac tax. The Notice states that the IRS is considering using its regulatory authority to also exclude self-insured dental and vision coverage, provided that such coverage qualifies as an excepted benefit under previously issued regulations that apply for other Health Care Reform purposes.

Employee Assistance Programs The IRS is also considering excluding employee assistance plans (EAPs) that qualify as an excepted benefit.

How is the Cost of Applicable Coverage Determined?

The Cadillac tax is 40 percent of an employee's "excess benefit" for each calendar month. The excess benefit is the amount that the aggregate cost of each type of applicable coverage in which the employee is enrolled exceeds 1/12th of the annual dollar limit.

The Notice indicates that the cost of coverage under a group health plan will likely be determined using the same principles that apply for purposes of calculating the "applicable premium" under COBRA. The applicable premium under COBRA is based on the cost of coverage for similarly situated non-COBRA beneficiaries. The IRS acknowledges, however, that the current COBRA regulations lack definitive guidance on a number of issues relevant to the calculation of the applicable premium, such as:

- How a group of similar situated non-COBRA beneficiaries would be determined.
- The methods that self-funded plans may use to calculate COBRA premiums.
- How COBRA premiums are calculated for HRAs.

As a result, the Notice discusses potential approaches for each of these items for purposes of determining the cost of coverage under the Cadillac tax. It also indicates that the IRS may consider these approaches for purposes of determining the applicable premium under COBRA.

The Notice also confirms specific rules set forth under the statute for determining the cost of applicable coverage, such as:

- Separate costs must be calculated for "self-only" coverage and "other than self-only" coverage (i.e., employee-plus-one and family coverage).
- The cost of applicable coverage is based on the coverage in which the employee is actually enrolled (rather than on the coverage offered to the employee, but in which the employee does not enroll).
- The cost of coverage under a Medical FSA will be the sum of employee pre-tax contributions to the Medical FSA, plus any reimbursement in excess of the employee's pre-tax contributions (i.e., due to employer contributions to the Medical FSA).
- The cost of coverage under an HSA is the sum of employee pre-tax contributions and employer contributions to the HSA. The Notice confirms, however, that after-tax contributions made outside a Section 125 Cafeteria plan are not included for purposes of determining the cost of coverage under an HSA.
- The plan may treat pre-age 65 retirees and post-age 65 retirees as similarly situated beneficiaries in determining the cost of retiree coverage.

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How Are the Annual Dollar Limits Applied to the Cost of Applicable Coverage?

In 2018, the first year that the Cadillac tax is imposed, the annual dollar limit for self-only coverage is $10,200 and for other than self-only coverage is $27,500. In general, the prorated dollar limit that applies to an employee for any month is determined based on whether the employee is enrolled in self-only or other than self-only coverage as of the beginning of the month. The Notice indicates that the IRS is considering how to apply the dollar limits when an employee simultaneously has one type of coverage that is self-only coverage and another type of coverage that is other than self-only coverage.

The annual dollar limits will be subject to various adjustments that will be addressed in future regulations, including the following:

Health Cost Adjustment A one-time adjustment designed to increase the baseline annual dollar limit amounts in the event that the actual growth in the cost of U.S. health care between 2010 (i.e., the year that Health Care Reform was enacted) and 2018 (i.e., the year the Cadillac tax is effective) exceeds the projected growth for that period.

Cost-of-Living Adjustment An annual adjustment beginning in 2019 to reflect the changes in the cost-of-living.

Age and Gender Adjustment An annual adjustment if the age and gender characteristics of the employer's workforce are different from those of the national workforce.

High-Risk Profession Adjustment An annual adjustment for participants in a plan sponsored by an employer in which the majority of the employees enrolled in the plan are engaged in certain high-risk professions (defined in the statute).

Qualified Retiree Adjustment An annual adjustment for participants who are "qualified retirees" (as defined in the statute).

Other Issues Not Addressed in Notice 2015-16

The IRS expects to release another notice that will address and invite comments on other issues relating to the Cadillac tax that are not addressed in Notice 2015-16, including procedural issues relating to assessment of the tax.

We are still awaiting guidance as to the appropriate entities responsible for paying the tax. The statute indicates that the insurer is responsible for paying the Cadillac tax for fully insured arrangements while the employer is responsible for paying the Cadillac tax for HSAs. However, for all other self-funded coverages that are subject to the Cadillac tax, the "person that administers the plan benefits" is responsible for paying the Cadillac tax. It is not clear whether this phrase means the plan sponsor (who is generally the plan administrator under a single employer plan) or if it potentially means the third-party administrator. Note that, regardless of which entity is responsible for paying the Cadillac tax, the statute is clear that the employer is responsible for calculating the amount of the Cadillac tax.

Next Steps

Employers, insurers and third-party administrators have long been awaiting guidance on the Cadillac tax and Notice 2015-16 indicates that the IRS has finally started to tackle the complex issues surrounding the implementation of the tax. Although the Notice does not offer definitive answers on those issues, it does provide significant insight into the IRS's thought process and gives interested parties an opportunity to provide input on a number of critical topics. Because the Cadillac tax may potentially subject employers to a significant liability, employers—especially those negotiating collective bargaining agreements that extend into 2018—should begin to consider the implications of the Cadillac tax now.

IRS Publishes Helpful Guidance on Reimbursing Employees' Individual Health Insurance Premiums

By Tripp W. VanderWal; vanderwalt@millerjohnson.com; 616.831.1796

The IRS has published new guidance to clarify that no matter how a reimbursement arrangement is structured or what the reimbursement arrangement is named, reimbursement of employees' individual health insurance policies violates certain mandates under Health Care Reform. The new IRS Notice 2015-17 affirms and expands upon earlier guidance addressing this issue. To encompass all such arrangements, the IRS coined a new term: "employer payment plans."

The penalty for violating Health Care Reform's mandates is contained in Section 4980D of the Internal Revenue Code (Code) and is severe. Section 4980D of the Code imposes an excise tax on an employer that sponsors an employer payment plan of $100 per "affected individual" per day for each day that the employer payment plan violates Health Care Reform's mandates. (While it is not entirely clear, it appears that affected individual means each employee who is a participant—i.e., receives a reimbursement of premiums—from the employer payment plan.)

Notice 2015-17

IRS Notice 2015-17 (found at www.irs.gov/pub/irs-drop/n-15-17.pdf) provides: (1) temporary relief from the excise tax under Section 4980D of the Code for certain "small employers" that sponsor employer payment plans; (2) guidance on reimbursement of individual health insurance policies of more-than-2% S-corporation shareholders; (3) guidance on reimbursement of Medicare premiums, and medical expenses of employees covered by TRICARE; (4) guidance on when certain arrangements will not constitute an employer payment plan; and (5) clarification that after-tax reimbursement of employees' individual health insurance policies is an employer payment plan.

Temporary Excise Tax Relief for Certain Small Employers

Health Care Reform's prohibition on annual limits and preventive care services mandate were generally effective on January 1, 2014. So, employers that maintain employer payment plans are potentially subject to an excise tax beginning as early as January 1, 2014. But, IRS Notice 2015-17 provides key new relief for "small employers."

A small employer is generally an employer that employs, on average, less than 50 full-time employees and full-time equivalent employees on business days in the previous calendar year. (In other words, small employers are employers that are not subject to Health Care Reform's pay or play penalty. For more information on the pay or play penalty, see our January 2013 Client Alert "New Regulations Require Employer Action in Preparation for 2014 Pay or Play Penalty" and February 2014 Priority Alert "New Regulations Require Employer Action in Preparation for 2014 Pay or Play Penalty.")

Under the temporary relief, employer payment plans sponsored by small employers that reimburse employees for individual health insurance policies or Medicare Part B or Part D premiums are not subject to the excise tax under Section 4980D of the Code for a certain period of time. The temporary relief applies: (1) for all of 2014 for employers that are small employers in 2014; and (2) from January 1, 2015 to June 30, 2015 for employers that are small employers in 2015.

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More-than-2% S-Corporation Shareholders

Historically, it was permissible for S-corporations to reimburse its more-than-2% shareholders for the costs of individual health insurance policies (i.e., under the Code, more-than-2% shareholders are employees of the S-corporation). Under this arrangement, the reimbursement is treated as taxable income to the more-than-2% shareholder who then deducts the cost of the individual health insurance policy on his or her income tax return. (These arrangements are typical in single-member S-corporations in which the sole shareholder is the only employee. This is because the single employee is not eligible for a "group" health insurance policy.)

IRS Notice 2015-17 addresses two issues related to these types of arrangements. First, until the IRS issues further guidance (and at least through 2015), an employer payment plan that reimburses more-than-2% shareholders for the cost of individual health insurance policies will not be subject to the excise tax under Section 4980D of the Code. Second, reimbursement of a single employee (e.g., in the case where the S-corporation shareholder is the only employee) is not a "group" health plan that is subject to Health Care Reform's mandates. In other words, S-corporations may continue to reimburse the sole shareholder/employee for the cost of an individual health insurance policy.

The IRS clarified that no matter how a reimbursement arrangement is structured or what the reimbursement arrangement is named, reimbursement of employees' individual health insurance policies violates certain mandates under Health Care Reform.

Reimbursements related to Medicare and TRICARE

IRS Notice 2015-17 indicates that reimbursement of Medicare Part B and Part D premiums to employees constitutes an employer payment plan but will not violate Health Care Reform's prohibition on annual limits and preventive care services mandate, if the employer payment plan is "integrated" with another group health plan offered by the employer. All of the following requirements must be met for this type of employer payment plan to be considered integrated:

- The employer must offer a group health plan (other than the employer payment plan) to the employee that provides minimum value and does not consist solely of excepted benefits;
- The employee participating in the employer payment plan must actually be enrolled in Medicare Parts A and B (e.g., an actively-working employee who is age 65);
- The employer payment plan is only available to employees who are enrolled in Medicare Part A and Part B or Part D; and
- The employer payment plan is limited to reimbursement of Medicare Part B or Part D premiums and excepted benefits, including Medigap premiums.

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IRS Notice 2015-17 further provides that an arrangement in which an employer reimburses or directly pays for medical expenses of an employee who is covered by TRICARE constitutes an HRA. An HRA is a group health plan that is also subject to Health Care Reform's prohibition on annual limits and preventive care services mandate. Similar to the relief described above, IRS Notice 2015-17 provides that an HRA that reimburses medical expenses for employees covered by TRICARE will not violate Health Care Reform's prohibition on annual limits or preventive care services mandate, if the HRA is "integrated" with another group health plan offered by the employer. To be integrated, the HRA must satisfy requirements similar to a Medicare employer payment plan, as described above.

NOTE: Except for small employers (generally, employers with less than 20 employees), the Medicare Secondary Payer rules and TRICARE Secondary Payer rules prohibit employers from providing financial or other incentives to enroll in Medicare or TRICARE, and decline coverage under the employer's group health plan. As a result, it appears that a Medicare employer payment plan or TRICARE HRA are only viable options for small employers that can satisfy the requirements explained above.

Increasing Compensation to Assist with the Cost of Individual Health Insurance Policies

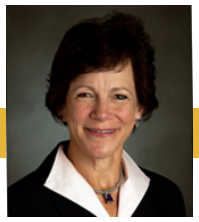
IRS Notice 2015-17 clarifies that simply increasing an employee's taxable compensation (i.e., a pay increase or "raise") to assist the employee with the cost of purchasing an individual health insurance policy will not constitute an employer payment plan, if the increased compensation is not conditioned on the actual purchase of an individual health insurance policy and the employer does not endorse a particular policy, form or insurer. (Providing information about the Marketplace (i.e., the exchange) or premium tax credits is not an impermissible endorsement.) So, employers may give employees a pay increase or raise to assist them in the purchase of an individual health insurance policy. But, the employee must be permitted to use the increased compensation for any purpose.

Post-Tax Employer Payment Plans

Last, IRS Notice 2015-17 clarifies that the reimbursement to an employee for the cost of an individual health insurance policy constitutes an employer payment plan (other than an increased compensation arrangement described in the previous section), regardless of whether the reimbursement is made on a before-tax or after-tax basis. In other words, an employer payment plan that provides after-tax reimbursements is still subject to the excise tax under Section 4980D of the Code.

Conclusion

IRS Notice 2015-17 provides welcome relief for small employers who are currently reimbursing employees for the cost of individual health insurance policies and helpful clarification about the long-term viability of these types of arrangements. Employers who currently sponsor employer payment plans should, however, ensure that their employer payment plan is structured in a way that avoids the severe excise tax under Section 4980D of the Code.



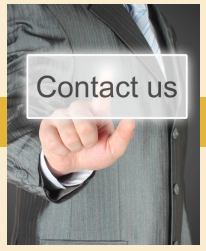
Temporary Reinsurance Program Fee Announced For 2016

by Mary V. Bauman; baumanm@millerjohnson.com; 616.831.1704

The amount of the temporary reinsurance program fee has been set for 2016, the final year of the program. Health Care Reform imposes an annual fee on group health plans that provide major medical coverage. The purpose of the fee is to fund a temporary reinsurance program for insurers in the individual market. The fee is imposed during 2014, 2015 and 2016.

For 2014 the fee was $63 per covered person. For 2015 the fee dropped to $44 per covered person. For 2016 the fee will be further reduced to $27 per covered person. (The reason for the decrease is that the goal for the revenue to be raised under the program was front-end loaded for 2014 and decreased in 2015 and was further reduced for 2016.)

If an employer's plan is fully-insured the fee is reported and paid by the insurer. If the employer's plan is self-funded, the fee is imposed on the plan (i.e., the employer-plan sponsor). However, a third-party administrator may report and pay the fee on behalf of a self-funded plan. The fee sunsets after 2016.



Contact Us

If you have any questions about the articles in this issue, please contact the author. If you have any question on how any proposed health care reform changes will impact your organization, please feel free to contact Mary Bauman, chair of Miller Johnson's Health Care Reform Team, or another member of the team.

If you would like to reprint articles, schedule a speaker, or receive our newsletter and alerts, please send an e-mail to healthcarereformteam@millerjohnson.com.

MILLER JOHNSON
Attorneys and Counselors

HEALTH CARE REFORM TEAM

These are some of the Miller Johnson attorneys available to answer your questions and provide assistance on issues related to Health Care Reform (Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act):

GRAND RAPIDS
p 616.831.1700
f 616.831.1701

KALAMAZOO
p 269.226.2950
f 269.226.2951

www.millerjohnson.com

Mary V. Bauman, Chair
616.831.1704
baumanm@millerjohnson.com

Frank E. Berrodin
616.831.1769
berrodinf@millerjohnson.com

James C. Bruinsma
616.831.1708
bruinsmaj@millerjohnson.com

David M. Buday
269.226.2952
budayd@millerjohnson.com

Tony Comden
616.831.1757
comdent@millerjohnson.com

Kaley M. Connelly
616.831.1786
connellyk@millerjohnson.com

William H. Fallon
616.831.1715
fallonw@millerjohnson.com

Jeffrey J. Fraser
616.831.1756
fraserj@millerjohnson.com

Richard E. Hillary
616.831.1774
hillaryr@millerjohnson.com

Kenneth G. Hofman
616.831.1721
hofmank@millerjohnson.com

Lauretta K. Murphy
616.831.1733
murphyl@millerjohnson.com

Nathan D. Plantinga
616.831.1773
plantingan@millerjohnson.com

Mark E. Rizik
616.831.1744
rizikm@millerjohnson.com

Stephen R. Ryan
616.831.1746
ryans@millerjohnson.com

Christopher "C.J." Schneider
616.831.1738
schneiderc@millerjohnson.com

Tripp W. Vander Wal
616.831.1796
vanderwalt@millerjohnson.com

Matthew L. Vicari
616.831.1762
vicarim@millerjohnson.com

Sarah K. Willey
269.226.2957
willeys@millerjohnson.com

If you received this from someone else and wish to receive your own copy, please send your name, company name and e-mail address to healthcarereformteam@millerjohnson.com.

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U.S. News Media Group and Best Lawyers awarded Miller Johnson with high rankings for 34 practice areas in Grand Rapids and 11 in Kalamazoo as part of their 2014 "Best Law Firms" report. Achieving a high ranking is a special distinction that signals a unique combination of excellence and breadth of expertise according to the report. Services ranked as Tier 1 include employee benefits, bankruptcy and creditor/debtor rights, corporate law, labor and employment, mergers and acquisitions, banking and finance, commercial litigation, mediation, real estate, tax law, trusts and estates, and family law.