

Weekly Digest

• December 7, 2023 •

EMPLOYEE
BENEFITS

Year-End "To Do's": Reminders for Your Company's Retirement and Health & Welfare Plans

"As the year is quickly coming to an end, it is critical that plan sponsors set time aside to review their operational and administrative practices throughout the year. As appropriate, operational errors may be corrected and documented before the close of the year with reduced or no consequences." [Full Article](#)

Husch Blackwell LLP



U.S. Health Insurers Humana, Cigna in Talks to Merge-Source

"U.S. health insurer Cigna is in talks to merge with peer Humana, a deal that could exceed \$60 billion in value and would be certain to attract fierce antitrust scrutiny. The discussions come six years after regulators blocked mega-deals that would have consolidated the U.S. health insurance sector. After U.S. courts upheld antitrust challenges in 2017, Cigna gave up on a \$48 billion deal to acquire Anthem — now known as Elevance Health " [Full Article](#)

Reuters

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District Court Allows Participant’s Gender Dysphoria Claims Involving Facial Feminization Surgery to Proceed

"In litigation under Section 1557 of the Affordable Care Act (ACA), a Pennsylvania district court concluded that a health plan participant plausibly alleged that the plan insurer's coverage denial for facial feminization surgery and related procedures was intentionally discriminatory based on sex in violation of Title IX of the Education Amendments of 1972." [Full Article](#)

Thomson Reuters



The ERISA Edit: Tenth Circuit Defines Elements of a MHPAEA Claim

"To state a claim under MHPAEA, the court said a plaintiff must: [1] Plausibly allege that the relevant group health plan is subject to MHPAEA. [2] Identify a specific treatment limitation applied to MH/SUD benefits covered by the plan. [3] Identify M/S benefits covered by the plan that are analogous to the MH/SUD care for which the plaintiff seeks benefits. [4] Plausibly allege a disparity between the treatment limitation on the MH/SUD benefits as compared to those placed upon the analogous M/S benefits." [Full Article](#)

Miller & Chevalier Chartered

HIPAA Privacy Rule Changes: Just in Time for the New Year?

"In 2021, the Department of Health and Human Services (HHS) proposed changes to the Privacy Rule under the Health Insurance Portability and Accessibility Act of 1996 (HIPAA) that would significantly alter the current regulations (Proposed Rules). The Proposed Rules are supposed to be finalized in 2023. Once the Proposed Rules are finalized, covered entities – such as group health plans and health care providers – will have only 180 days to implement any required changes." [Full Article](#)

Verrill Dana LLP



The Changing Nature of Primary Care Visits

"A recent Employee Benefit Research Institute (EBRI) report found that the nature of primary care office visits has been changing in recent years. Among users of primary care, 95–97 percent utilized it in an office setting prior to 2020, but only 86 percent did so from 2020–2021 as employees began using telemedicine (7–8 percent) and urgent care clinics (3–4 percent) with greater frequency due to the COVID-19 pandemic." [Full Article](#)

Employee Benefit Research Institute [PDF]