



**HEALTHCARE REFORM SUMMARY
 FOR EMPLOYERS & GROUP HEALTH PLANS**

Effective Date	Provisions	
Date of Enactment	<ul style="list-style-type: none"> - Small business tax credit (Phase 1) - Retiree Reinsurance 	<ul style="list-style-type: none"> - Medicare Part D subsidy accounting - Grandfathering determinations
June 23, 2010	<ul style="list-style-type: none"> - Insurance access for individuals with pre-existing conditions 	
Plan Years Beginning on or After 9/23/2010	<ul style="list-style-type: none"> - Special enrollment to extend coverage to adult children to age 26 - Tax free coverage to children to age 27 - No pre-existing condition exclusions for children under age 19 - Preventive care services with no cost sharing or dollar limits¹ - No lifetime dollar limits on essential benefits - Restricted annual dollar limits on essential benefits (\$750,000 in 2010) - 105(h) non-discrimination rules applicable to insured plans¹ 	<ul style="list-style-type: none"> - No Rescissions - New internal & external appeals process¹ - Free choice of providers (PCP/pediatrician)¹ - No referrals for access to OB/Gyn¹ - Emergency services at network cost sharing & no prior authorization¹ - Reasonable break time for nursing mothers - Expansion of adoption assistance - Transparency disclosures¹ - Medical loss ratio reporting
2011	<ul style="list-style-type: none"> - Small employer wellness grant program - Form W-2 reporting of value of benefits - OTC drugs excluded from FSAs, HSAs, HRAs without prescription 	<ul style="list-style-type: none"> - SIMPLE Cafeteria Plans allowed (small employers under 100 lives) - HSA & Archer MSA penalty increases to 20% for non-qualified withdrawals - Medical loss ratios set at 80% (85% large group)
2012	<ul style="list-style-type: none"> - Form W-2 reporting of value of benefits - Uniform standards for health plan summary of benefits & coverage 	<ul style="list-style-type: none"> - Advance notice of benefits change - CLASS premium payments & employer auto-enrollment (10/1/2012)
2013	<ul style="list-style-type: none"> - FSA contributions limited to \$2,500 - Employer exchange notice requirements - 3.8% investment income tax for high-earners - No deduction for retiree drug subsidy 	<ul style="list-style-type: none"> - Federal premium tax for comparative effectiveness research \$2 per covered individual - Unreimbursed medical expense deduction threshold increases (7.5% to 10%) - Medicare tax increase for high-earners
2014	<ul style="list-style-type: none"> - Automatic enrollment (+200 employers) - Small business tax credit (Phase 2) - Wellness incentives increase to 30% - Coverage of essential benefits for all plans - No annual dollar limits on essential benefits - Guarantee issue for coverage with modified rating - Guaranteed renewals - No pre-existing condition exclusions - Cost sharing limits (employee out-of-pocket expenses)¹ 	<ul style="list-style-type: none"> - 90-day limit on waiting periods - State-based insurance exchanges - Free choice vouchers - Free rider penalty (penalty for not offering coverage) - Modified community rating¹ - Required coverage for clinical trials for life-threatening diseases¹ - Early retiree reinsurance program ends - National high risk pool ends
2015	<ul style="list-style-type: none"> - Individual mandates increase 	
2016	<ul style="list-style-type: none"> - Individual mandates increase 	
2017	<ul style="list-style-type: none"> - States may permit large employees in exchanges 	
2018	<ul style="list-style-type: none"> - 40% excise tax on high-cost 'Cadillac' plans 	

¹ Does not apply to Grandfathered Plans