

# Health Reform Timeline

2010	2011	2012	2013	2014	2015 & beyond
<ul style="list-style-type: none"> <li>Adult child coverage until age 26</li> <li>Annual dollar limits restricted</li> <li>Early retiree reinsurance program (ERRP)</li> <li>ER coverage as in-network, no prior authorization<sup>6</sup></li> <li>Initial appeals review standards<sup>6</sup></li> <li>Lifetime dollar limits prohibited</li> <li>Medicare Part D rebate for beneficiaries in the gap</li> <li>No pre-existing conditions for kids until age 19</li> <li>Online consumer information at <a href="http://healthcare.gov">healthcare.gov</a></li> <li>Pediatricians as PCPs, direct access to OB/GYNs<sup>6</sup></li> <li>Preventive services with no cost sharing<sup>6</sup></li> <li>Rescissions prohibited except for fraud or nonpayment</li> <li>Small business tax credit</li> <li>Temporary high-risk pool</li> </ul>	<ul style="list-style-type: none"> <li>Annual fee on pharmaceutical manufacturers begins</li> <li>Annual rate review process</li> <li>Appeals ombudsmen and process documentation<sup>6</sup></li> <li>Auto-enrollment for groups with 200+ FTEs*</li> <li>Discounts in Medicare Part D "donut hole"</li> <li>HSAs/HRAs/FSAs: limitations for OTC medications</li> <li>Increase penalty for non-qualified HSA withdrawals</li> <li>Minimum medical loss ratio (MLR): 85% for large group; 80% for small group and individual</li> <li>Non-discrimination rules apply to insured plans<sup>6*</sup></li> <li>Small business wellness grants*</li> </ul>	<ul style="list-style-type: none"> <li>60-day advance notice of material modifications</li> <li>Accountable Care Organization requirements</li> <li>Appeals provision fully implemented<sup>6</sup></li> <li>First medical loss ratio rebates to be paid by August</li> <li>New women's preventive services with no cost sharing<sup>6</sup></li> <li>Patient-centered Outcomes Research Institute (PCORI) fee (\$1 per member/year)</li> <li>Quality bonus begins for Medicare Advantage plans</li> <li>Quality of care reporting requirements*</li> <li>Summary of benefits and coverage (SBC) and the Uniform Glossary</li> </ul>	<ul style="list-style-type: none"> <li>Administrative simplification begins</li> <li>Annual fee on medical device sales begins</li> <li>Deduction for expenses allocable to the Part D subsidy for "qualified prescription drug plans" eliminated</li> <li>Employee notification of access to Exchanges</li> <li>FSA contributions limited to \$2,500</li> <li>FSAs allow carryover up to \$500 of unused amounts into next plan year</li> <li>High earner tax begins (applies to individuals)</li> <li>PCORI fee increases to \$2 per member/year</li> <li>W-2 reporting of the value of employer-sponsored health benefits</li> </ul>	<ul style="list-style-type: none"> <li>Clinical trials coverage<sup>6</sup></li> <li>Coverage for all adult children until age 26 including those that have employer coverage (formerly not covered for grandfathered plans)</li> <li>Essential health benefits required for small employers<sup>6</sup></li> <li>Exchanges (Health Insurance Marketplaces)</li> <li>Guaranteed issue and renewability<sup>6</sup></li> <li>Health Plan Identifier required for self-funded health plans by Nov. 5, 2014</li> <li>Individual mandate</li> <li>Insurer fee – permanent</li> <li>Integrated HRA (permanently opt out of and waive future HRA reimbursements at least annually and upon termination of employment)</li> <li>Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)</li> <li>No annual dollar limits</li> <li>No pre-existing condition exclusions</li> <li>OOP limits established<sup>6</sup></li> <li>Provider scope of license (Provider non-discrimination)</li> <li>Rating restrictions<sup>6</sup> / Adjusted community rating</li> <li>Transitional reinsurance fee (2014-2016)</li> <li>Waiting period limits</li> <li>Wellness programs</li> </ul>	<ul style="list-style-type: none"> <li>Employer mandate for 100+ (2015)<sup>1</sup></li> <li>Employer mandate for 50-99 (2016)<sup>1</sup></li> <li>High-value plan excise tax begins (2018)</li> <li>ICD-10 code adoption (not before 10/1/15)</li> <li>Medicare Part D "donut hole" closed by 2020</li> <li>Reporting requirements (6055, 6056) (2016)</li> <li>States can open Exchange to CHIP eligibles (2015) and all employers (2017)</li> </ul>

**\*IMPLEMENTATION DELAYED UNTIL REGULATIONS ARE RELEASED:**

- Auto-enrollment for groups with 200+ FTEs
- Non-discrimination rules apply to insured plans<sup>6</sup>
- Small business wellness grants
- Quality of care reporting requirements

<sup>6</sup> Grandfatherable provision

<sup>1</sup> Employer mandate will [generally] be implemented along this timeline [for most] applicable large employers who have 50 or more full-time employees (including full-time equivalents).

Note: some provisions apply only to fully insured business (e.g., MLR, insurer fee and guaranteed issue)

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