

Health Care Reform Updates

Staying up to date

Here's a time line of what you can expect from the health care reform law.

A year-by-year look at the health care reform law

2010 - As of March 23

- Early retiree reinsurance program, operational as of June 29, 2010
- Temporary high-risk pool for individuals with pre-existing conditions, operational as of July 1, 2010
- Small group tax credit, effective for tax years beginning after December 31, 2009
Implemented on the next plan year, after Sept. 23
- Dependent coverage for adult children up to age 26
- No lifetime coverage limits
- 100% coverage for preventive services*
- No annual limits on certain types of benefits
- No prior authorization for emergency services or higher cost-sharing for out-of-network emergency services
- No pre-existing condition exclusions for kids

2011

- No pre-tax reimbursements from health account for non-prescribed, over-the-counter medications
- 20% tax for nonqualified HSA withdrawals
- Reporting the value of employer-sponsored coverage on W-2s
- Automatic enrollment in new long-term care program, with ability for employees to opt-out
- Small employer grants for wellness programs for Fiscal Year 2011, so technically starts October 1, 2010

2012

- Uniform explanation of coverage
- Pre-enrollment document sent explaining benefits and exclusions 60-day notice for material modifications, if not provided in uniform explanation of coverage

2013

- Employee notification of exchanges, premium subsidies and free choice vouchers
- Fee for comparative effectiveness research agency for Fiscal Year 2013, which technically begins October 1, 2012
- FSA contributions limited to \$2,500 per year

2014

- Individual mandate
- State-based exchanges for individuals and small groups
- Small employer tax credits available only in exchange
- Free choice voucher required to be provided to qualifying employees

- Elimination of health status rating and other rating factors*
- Small group redefined as 1-100 (in most states)
- Employer requirement to offer minimum essential coverage (50+ employees)
- HIPAA nondiscrimination rules on wellness programs
- 30% incentive cap for wellness programs
- New fee on fully-insured coverage

2018

- 40% excise tax on high-cost "Cadillac" plans

**Does not apply to grandfathered plans.*

Source: Anthem Blue Cross of California