### 2010:

**First Plan Year Beginning After 9/22/10**

1. Eliminate any lifetime maximums on essential benefits.
2. Eliminate any annual coverage maximums on essential benefits (GF plans may continue annual maximums until 2014).
3. Eliminate any rescission provisions (except for fraud or misrepresentation).
5. Provide for coverage for children until age 26. (GF plans need not provide if other employer-based coverage available.)
6. Eliminate cost-sharing for preventive care. (GF plans: N.A.)
7. Apply new nondiscrimination rules to insured coverages (similar, but not identical, to Code Section 105(h) rules). (GF plans: N.A.)
8. Permit selection of any primary care provider. (GF plans: N.A.)
9. Permit children to select pediatrician as primary care provider. (GF plans: N.A.)
10. No pre authorization required for emergency care. (GF plans: N.A.)
11. No pre-authorization or referral required for mail order care. (GF plans: N.A.)
12. Provide required internal and external appeals mechanisms. (GF plans: N.A., no stated end date to the GF waiver for this requirement)
13. “Simple” Section 125 plans available to employers with fewer than 100 employees.
14. “Qualified Small Employers” (e.g., generally, fewer than 26 FTEs with average wages of 50K or less) eligible for health plan tax credit.

* 6/23/10 – New federal re-insurance plan for self-funded early retiree plans opens and continues until $5B in funding is utilized. Funds exhausted.

### 2011:

1. OTC drugs not reimbursable from HCFSAs, HRAs and HSAs unless per a prescription.
2. HSA penalty for ineligible expenses/people moves from 10% to 20%.
3. Optional CLASS long term care program may be offered or auto enrolled by employers. Delayed until 2012, then completely scrapped by HHS.
4. Provide Employee Free Choice Vouchers to eligible employees. (Now waived)
5. Eliminate waiting periods over 90 days.
6. Eliminate all pre-ex limitations.
7. Report minimum essential coverage (MEC) information to employees and regulators & minimum value (MV) in 2nd year SBCs. (Delayed until 1/31/2016 for EEs and 2/28/2016 to regulators).
8. Provide coverage for “routine costs” incurred in connection with clinical trials. (GF plans: N.A.)
9. Cease “discrimination” against licensed providers. (GF plans: N.A.)
10. Ensure that out-of-pocket exposure is no higher than is permitted for HDHPs. (GF plans: N.A.)
11. Ensure that deductibles are no higher than $2K for self-only coverage and $4K for other coverages. (GF plans, S.F. plans and Large-ER Plans: N.A.)
12. Qualifying wellness program penalties-rewards may be raised from 20% to 30% of cost (and perhaps as high as 50% if permitted by the regulators).
13. If 200 or more FTEs, auto enroll employees in health plan.
14. Continue to provide required notices concerning exchanges and subsidies. (Guidance & model notices still pending).
15. Decide whether to participate through the exchanges, and whether to permit salary reduction contributions for exchange based coverage. (Exchanges only open in 2014 for employers with fewer than 50 EEs.)
16. Play (comply) or Pay ($2,000/FTE), under play-or-pay rules.
17. Grandfathered plans must remove annual maximums on essential benefits.
18. Grandfathered plans must begin coverage for children until age 26 even if other employment-based coverage is available.
19. 11/15/14 send headcount to HHS, $63/head "stabilization-fee" due (from carriers & self-funded plans) by 1/15/16.
20. Test your variable hour EEs—make certain coverage is offered if they average 130 hours/month.

### 2012:

1. 2011 W2s issued by 1/31/12 must include value of employer health plan coverage. (Update-10/12/10 - The IRS delayed this requirement - now for 2012, W-2s issued by 1/31/13. And, for Employers with less than 250 EEs, delayed until 1/31/14).
2. By 3/23/12, issue to employees new Uniform Explanation of Coverage (SBCs) in the form specified in HHS regulations and sample. (11/18/11 – delayed for final regs; 2/14/12 – must be issued for first plan year on/after 9/23/12).
3. Beginning 2/23/12/23/13, satisfy requirement of 60 days’ advance written notice to participants of health plan “material changes”.
4. For plan years beginning after 9/30/12, pay the required federal fee of $1 times average number of covered lives (for “Patient-Centered Outcomes Research Trust Fund”).
5. First plan year after 8/1/2012 – no cost sharing for preventive women’s services (GF plans: N.A.)

### 2013:

1. $2,500 cap on HCFSAs.
2. Medicare tax increases to 2.35% for Medicare wages over $250K joint/$200K separate.
3. Cease employer deduction for part D retiree coverage subsidy.
4. Patient-Centered Outcomes Research Trust Fund fee increases from $1 to $2 times average number of covered lives (payment/filing begins 7/31/13).
5. Comply with HHS regulations on required annual reports to HHS and employees on health plan benefits that “improve health”.
6. Provide employees with HHS information notices about 2014 exchanges and subsidies.

### 2014:

1. Provide Employee Free Choice Vouchers to eligible employees. (Now waived)
2. Eliminate waiting periods over 90 days.
3. Eliminate all pre-ex limitations.
4. Report minimum essential coverage (MEC) information to employees and regulators & minimum value (MV) in 2nd year SBCs. (Delayed until 1/31/2016 for EEs and 2/28/2016 to regulators).
5. Provide coverage for “routine costs” incurred in connection with clinical trials. (GF plans: N.A.)
6. Cease “discrimination” against licensed providers. (GF plans: N.A.)
7. Ensure that out-of-pocket exposure is no higher than is permitted for HDHPs. (GF plans: N.A.)
8. Ensure that deductibles are no higher than $2K for self-only coverage and $4K for other coverages. (GF plans, S.F. plans and Large-ER Plans: N.A.)
9. Qualifying wellness program penalties-rewards may be raised from 20% to 30% of cost (and perhaps as high as 50% if permitted by the regulators).
10. If 200 or more FTEs, auto enroll employees in health plan.
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13. Pay (comply) or Pay ($2,000/FTE), under play-or-pay rules.
14. Grandfathered plans must remove annual maximums on essential benefits.
15. Grandfathered plans must begin coverage for children until age 26 even if other employment-based coverage is available.
16. 11/15/14 send headcount to HHS, $63/head "stabilization-fee" due (from carriers & self-funded plans) by 1/15/16.
17. Test your variable hour EEs—make certain coverage is offered if they average 130 hours/month.

### 2015:

No Changes.

### 2016:

Exchanges begin to operate for employers with up to 100 employees.

### 2017:

Exchanges may begin to operate for all sized employers.

### 2018:

Excise tax on “Cadillac Plans” equal to 40% of excess value over the limit of $27,500 family, $10,200 self-only (as adjusted).

### 2020:

Patient-Centered Outcomes Research Trust Fund fee no longer applicable.

*By 10/1/13 for current EEs; then, 14 days for each new hire.

**Or, $3,000 (per Exchange-Subsidy-Eligible EE) if plan is not available. For 9.5% of family income or doesn’t pay out at least 60% actuarial value. Pending regulations could be delayed until 1/1/2015.

*For the 1st plan year on/after Jan 1, 2014

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**HEALTH CARE REFORM TIMELINE**

**Ver. 11, Revised 09/11/2013**

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