

Health Reform Timeline

2010	2011	2012	2013	2014	2015 & beyond
<ul style="list-style-type: none"> ▪ Adult child coverage until age 26 ▪ Annual dollar limits restricted ▪ Early retiree reinsurance program (ERRP) ▪ ER coverage as in-network, no prior authorization⁶ ▪ Initial appeals review standards⁶ ▪ Lifetime dollar limits prohibited ▪ Medicare Part D rebate for beneficiaries in the gap ▪ No pre-existing conditions for kids until age 19 ▪ Online consumer information at healthcare.gov ▪ Pediatricians as PCPs, direct access to OB/GYNs⁶ ▪ Preventive services with no cost sharing⁶ ▪ Rescissions prohibited except for fraud or nonpayment ▪ Small business tax credit ▪ Temporary high-risk pool 	<ul style="list-style-type: none"> ▪ Annual fee on pharmaceutical manufacturers begins ▪ Annual rate review process ▪ Appeals ombudsmen and process documentation⁶ ▪ Auto-enrollment for groups with 200+ FTEs (implementation delayed until regulations released) ▪ Discounts in Medicare Part D "donut hole" ▪ HSAs/HRAs/FSAs: limitations for OTC medications ▪ Increase penalty for non-qualified HSA withdrawals ▪ Minimum medical loss ratio (MLR): 85% for large group; 80% for small group and individual ▪ Non-discrimination rules apply to insured plans (implementation delayed until regulations are released)⁶ ▪ Small business wellness grants 	<ul style="list-style-type: none"> ▪ 60-day advance notice of material modifications ▪ Accountable Care Organization requirements ▪ Appeals provision fully implemented⁶ ▪ Patient-centered Outcomes Research Institute (PCORI) fee (\$1 per member/year) ▪ First medical loss ratio rebates to be paid by August ▪ New women's preventive services with no cost sharing⁶ ▪ Quality bonus begins for Medicare Advantage plans ▪ Quality of Care Reporting Requirements ▪ Summary of Benefits and Coverage (SBC) and the Uniform Glossary 	<ul style="list-style-type: none"> ▪ Administrative simplification begins ▪ Annual fee on medical device sales begins ▪ Patient-centered Outcomes Research Institute (PCORI) fee increases to \$2 per member/year ▪ Deduction for expenses allocable to the Part D subsidy for "qualified prescription drug plans" eliminated ▪ Employee notification of access to Exchanges ▪ FSA contributions limited to \$2,500 ▪ High earner tax begins ▪ ICD-10 code adoption ▪ W-2 reporting of the value of employer-sponsored health benefits 	<ul style="list-style-type: none"> ▪ Annual insurance industry tax ▪ Coverage for all adult children until age 26 including those that have employer coverage (formerly not covered for grandfathered plans) ▪ Deductible caps cannot exceed \$2k for individual and \$4k for family⁶ ▪ Guarantee issue and renewal rules⁶ ▪ Health Benefit Exchanges ▪ Individual & employer mandates ▪ Mandatory coverage for clinical trials⁶ ▪ No annual limits ▪ No pre-existing condition exclusions ▪ OOP limits must comply with OOP limits for HSA qualified plans⁶ ▪ Rating restrictions⁶ ▪ Standardized essential health benefits ▪ Tax credits and subsidies for individuals and small employers ▪ Waiting period limits 	<ul style="list-style-type: none"> ▪ High-value plan excise tax begins (2018) ▪ Insurance industry tax through 2018 ▪ Medicare Part D "donut hole" closed by 2020 ▪ States can open Exchange to CHIP eligibles (2015) and all employers (2017)

⁶ Grandfatherable provision

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

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