

Federal Health Care Reform

Effective Dates & Application to Group Health Plans by Type



Note: If health insurance coverage is maintained due to collective bargaining agreements between employee representatives and one (or more) employers, compliance can be delayed. If the agreement was ratified before March 23, 2010, then portions of the new law do not apply to that plan. The plan is considered to be “grandfathered,” and compliance may not yet be required as indicated below. The new rules apply when the agreement(s) relating to the plan terminate.

Year	Provision	Effective Date	Applicable to Insured Plans	Applicable to Self-Funded Plans	Grandfathering
October 2010	Early Retirement Reinsurance Program	March 23, 2010, with standards to be developed and program “live” by 90 days after that date. Ends on January 1, 2014, or when funds run out, if sooner	Yes	Yes	Concept not applicable; program benefits plan sponsors
	Small Employer Tax Credit	Tax Years Starting in 2010	Yes	Generally will be insured plans; must be purchased through exchange starting in 2014.	Concept not applicable
	Pre-existing Condition Exclusions Eliminated for Children under Age 19	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	No delay allowed under grandfather rule. Regular effective date applies.
	No Lifetime Limits	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	No delay allowed under grandfather rule. Regular effective date applies.
	No Annual Limits	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	No delay allowed under grandfather rule. Regular effective date generally applies. For plan years beginning prior to January 1, 2014, a group health plan may have annual limits on only the dollar value of benefits that are “essential benefits.” For plan years beginning in 2014, cost sharing cannot exceed the limits in Code Section 223(c)(2)(A)(ii) of the Internal Revenue Code (a high-deductible health plan standard, to be indexed).
	Prior Notification of Plan Changes (Mid-Year and Annual Enrollment Changes)	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	No delay allowed under grandfather rule. Regular effective date applies.
	Recissions	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Not applicable to self-funded plans and their stop loss carriers.	No delay allowed under grandfather rule. Regular effective date applies.
	Primary Care Provider Designation (Any Contracted Provider)	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	Delayed effective date available. Not applicable to a grandfathered plan.
	Access to Obstetrical and Gynecological Care	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	Delayed effective date available. Not applicable to a grandfathered plan.
	Access to Pediatric Care (Allopathic or Osteopathic Pediatric Specialist as Child’s Primary Care Provider)	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	Delayed effective date available. Not applicable to a grandfathered plan.

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October 2010	Nondiscrimination (Hourly Versus Salaried / By Compensation)	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes; health insurance carriers already are interpreting the rule literally and strictly	No, but self-funded plans are already subject to Section 105 non-discrimination rules in the Internal revenue Code; the implication of this rule is that Congress believes self-funded plans are already regulated by that rule and are in compliance. May signal increased IRS interest in defining scope of non-discrimination rule and enforcing it similarly to the insured rule as disallowing distinctions on hourly versus salaried and perhaps other similar distinctions.	Delayed effective date available. The rule would not be applicable to a grandfathered plan, but insurance carriers seem to be implementing this rule for upcoming renewals despite employers' positions on grandfathering.
	Emergency Room (No Prior Auth. / No Network Benefit Differential)	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	Delayed effective date available. Not applicable to a grandfathered plan.
	No Cost Sharing on Minimum Prevention	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	Delayed effective date available. Not applicable to a grandfathered plan.
	Dependents Covered to Age 26 (Including Married Adult Children)	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	No delay allowed under grandfather rules, so regular effective date generally applies. However, a special rule is effective for grandfathered plans until plan years beginning January 1, 2014, which allows grandfathered plans to not offer coverage to dependents who are directly eligible for employer health plan coverage.
	Reporting on Plan Information	Technically, plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010), but HHS may not develop guidelines until March 2012	Yes	Yes	N/A
	Appeals Process Revised	Plan years beginning on or after the date six months from date of enactment (plan years starting October 1, 2010)	Yes	Yes	Delayed effective date available. Not applicable to a grandfathered plan.
	MEWAs -- Register with DOL & Increased Federal Oversight	Date of enactment – March 23, 2010	Yes	Yes	N/A

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2011	Form W-2 Reporting of Health Coverage (not including Archer MSAs, HSAs, or health FSAs)	Taxable years starting January 2011 (to be reported in January 2012 Form W-2)	Yes	Yes	N/A
	HSA Reimbursement & Over-the-Counter Medication	Applies to expenses incurred in plan years beginning January 1, 2011	N/A; applies to cafeteria plan feature	N/A; applies to cafeteria plan feature	N/A
	Minimum Loss Ratio and Rebate to Members	Rebate to Members – starting January 1, 2011	Yes	Not applicable; insured plan carrier requirement only	No delayed allowed under grandfather rules. Regular effective date generally applies.
2012	Four-Page Plan Summary Disclosure	Enrollments starting with April 2012	Yes	Yes	No delayed effective date available under grandfather rules. Regular effective date applies.
2013	Health FSA \$2,500 Limit	Taxable years starting January 1, 2013	N/A; applies to cafeteria plan feature	N/A; applies to cafeteria plan feature	N/A
	Research Fee	Plan years or policy years ending after September 30, 2012	Insurance carrier fee of \$2 per average number of covered lives (\$1 for policy years ending in fiscal year 2013)	Plan sponsor fee of \$2 per average number of covered lives (\$1 for plan years ending in fiscal year 2013)	N/A
2014	No Waiting Period Over 90 days	Plan years beginning on or after January 1, 2014	Yes	Yes	No delay allowed under grandfather rules. Regular effective date applies.
	Pre-existing Conditions Exclusions Eliminated	Plan years beginning on or after January 1, 2014	Yes	Yes	No delay allowed under grandfather rules. Regular effective date applies.
	Wellness Program Design	Design will not violate discrimination rules that will be effective for plan years beginning on or after January 1, 2014. Need guidance under HIPAA and ADA to determine if design is a safe harbor currently.	Yes	Yes	Concept not applicable
	Renewals Guaranteed	Plan years beginning on or after January 1, 2014	Yes	Not applicable to self-funded plans or to stop loss carriers who may continue current practices	Delayed effective date available. Not applicable to a grandfathered plan. To be addressed with carrier.
	Rating Restrictions (Age, Tobacco, Community, etc.)	Plan years beginning on or after January 1, 2014	Small group (and individual). Large group only if state allows to be offered through the exchange.	Not applicable; will not affect stop loss rates	Delayed effective date available. Not applicable to a grandfathered plan. To be addressed with carrier.
	Guarantee Issue	Plan years beginning on or after January 1, 2014	Yes; may still require enrollments during annual and special enrollment periods only and must match ERISA's special enrollment periods for group coverage.	Not applicable to self-funded plans or to stop loss carriers who may continue to laser	Delayed effective date available. Not applicable to a grandfathered plan. To be addressed with carrier.

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2014	Individual Mandate	Calendar years beginning January 2014	Individual responsibility	Not applicable	Concept not applicable.
	Automatic Enrollment	Not stated; presumably same date as employer mandate – plan years beginning on or after January 1, 2014	Yes, over 200 full-time employees	Yes, over 200 full-time employees	Concept not applicable.
	Vouchers from Employer to Employee Based on Affordability	Months beginning with January 1, 2014	Yes	Yes	No delay allowed under grandfather rules. Regular effective date applies.
	Notice to Employees about Coverage Options and Exchanges	March 1, 2013 (to new hires and to current employees)	Yes	Yes	No delay allowed under grandfather rules. Regular effective date applies
	Employer Mandate & Essential Health Plan Required <i>Essential Health Benefits Plan:</i> Ambulatory patient services, emergency services, hospitalization, maternity, newborn care, mental health and substance abuse treatment, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, wellness and preventative services, chronic disease management, and pediatric services including oral and vision care. Bronze, silver, gold, and platinum coverage levels at 60%, 70%, 80%, and 90%, respectively. Specific plan yet to be determined; to be based on a typical plan.	Plan years beginning on or after January 1, 2014	Yes	Yes	Concept not applicable
	Clinical Trial Coverage	Plan years beginning on or after January 1, 2014	Yes	Yes. (Stop loss carrier reaction not yet known, but should cover benefits covered by plan document. Contract review required.)	Delayed effective date available. Not applicable to a grandfathered plan.
	Co-Ops	2014	N/A	N/A	N/A
	Multi-state Insurance Policies	2014	N/A	N/A	N/A
	Taxes on Insurance Carriers and TPAs (Pass-through to plans)	Calendar years beginning with January 1, 2014	Yes, carrier fee	Yes, TPA fee for transitional reinsurance program	N/A
	No Discrimination against Health Care Providers	Plan years beginning on or after January 1, 2014	Yes	Yes	Concept not applicable
2018	Cadillac Plan Excise Tax	2018 Tax Years	Yes. Increased benefit allowed for collectively bargained plans.	Yes. Increased benefit allowed for collectively bargained plans	No delay allowed under grandfather rules. Regular effective date applies.