



Health Care Reform Insurance Timeline

January 2010

- Temporary retiree reinsurance program
 - \$5 billion has been appropriated until January 1, 2014 to incent employers to continue offering health coverage to early retirees who are 55 and older but not yet eligible for Medicare
- Small business tax credit
 - Employers may be eligible for a tax credit if they've contributed at least 50 percent towards the cost of a qualified health plan. Credits are linked to the number of employees and the average wage of the employees

March 2010

- Policies in force prior to March 23, 2010 are considered "grandfathered"
 - In order for a policy to maintain grandfathered status, a policy holder is unable to make any plan changes including copays, coinsurance, deductibles, etc. However, those plan changes required to comply with health care reform will not negate a plans grandfathered status.

New and renewing Policies effective September 23, 2010 or after 10/1/10

- Eliminates lifetime benefit maximums
 - All policies including grandfathered plans
- Allows restricted annual limits for essential benefits
 - All policies including grandfathered plans except for grandfathered individual policies
- Eliminates cost sharing for preventive services
 - All policies except grandfathered plans
- Dependent coverage up to age 26
 - All policies including grandfathered plans
- Emergency services at in-network cost sharing level
 - All policies except grandfathered plans
- Eliminates pre-existing condition exclusions for members under age 19
 - All policies including grandfathered plans except for grandfathered individual policies

January 2011

- Implementation of minimum loss ratio's

January 2013

- Imposes health insurance fee



Health Care Reform Insurance Timeline

January 2014

- Imposes health insurance provider fee
- Establishes health insurance exchange(s)
 - Multi state qualified health plans will be offered through the exchange
- Guarantee issue required
- Imposes new rating restrictions
- Individual and employer responsibility requirements established
- Creates essential benefit plan
- Eliminates pre-existing condition exclusions for all members
- Eliminates lifetime and annual limits for essential services
- Requires coverage for clinical trials

January 2015

- Increases health insurance provider fee

January 2016

- Increases health insurance provider fee

January 2017

- Increases health insurance provider fee

January 2018

- Increases health insurance provider fee
- Establishes high-cost “Cadillac plan” excise tax