

HEALTH CARE REFORM TIMELINE

2010	2011	2013	2014	2018
Health plans that provide dependent coverage must make coverage available for dependents up to age 26	Medical loss ratio (MLR) rules apply to health insurer premium spending (consumer rebates must be paid by Aug. 1 each year starting in 2012)	Improvements on HIPAA's electronic transaction rules start to be phased in	Individuals must obtain health insurance coverage or pay a penalty (some exemptions apply)	High-cost plan excise tax established in 2018
Uninsured individuals with pre-existing conditions can obtain health insurance through a high-risk health insurance pool program	Employers must report health coverage costs on Form W-2 (optional for 2011; mandatory for later years; delayed for further guidance for small employers)	Salary reduction contributions to FSAs are limited to \$2,500	Large employers must offer coverage to FT employees (that is affordable and provides minimum value) or pay a penalty	Future Automatic enrollment rules for employers with more than 200 FT employees
HHS established a website for individuals to identify affordable health insurance options in their state (www.healthcare.gov)	OTC medicine and drugs are "qualified medical expenses" for HSAs, FSAs and HRAs only if prescribed (except insulin)	Medicare Part D subsidy deduction eliminated	Health insurance exchanges to be established for individuals and small employers	
Early retiree reinsurance program provides reimbursement for a portion of the cost of providing health coverage for early retirees. Program was available for claims incurred before Jan. 1, 2012	Simple cafeteria plan provides small businesses with an easier way to sponsor a cafeteria plan	Income threshold for claiming itemized deduction for medical expenses increased	Health insurance companies will not be able to discriminate against individuals based on health status	
Lifetime dollar limits on essential health benefits are prohibited. Annual dollar limits are restricted until 2014 when all annual dollar limits on essential health benefits are prohibited	Medicare Part D drug discounts start to be phased in for beneficiaries in the "donut hole" until the coverage gap is filled in 2020	Medicare hospital insurance tax rate for high wage workers increased	Individual health care tax credits available for certain individuals	
Pre-existing condition exclusions are eliminated for children under age 19	Penalty tax increases on withdrawals from HSAs (prior to age 65) and Archer MSAs not used for qualified medical expenses	Medical device excise tax established	Health insurance provider fee and reinsurance fee take effect and increase annually (reinsurance fee effective 2014-2016)	
Non-grandfathered health plans must cover certain preventive care services without cost-sharing	Free annual wellness visit for Medicare beneficiaries and elimination of cost sharing for preventive care services	Employers must provide a notice to employees regarding the insurance exchanges by Oct. 1, 2013	Health plans cannot impose waiting periods longer than 90 days	
Rescissions are prohibited in most cases; plan coverage may not be retroactively cancelled without prior notice to the enrollee	2012	By Dec. 31, 2013, employers must certify compliance with certain HIPAA electronic transactions	No limits on annual dollar value of essential health benefits	
Fully insured group health plans must satisfy nondiscrimination rules regarding participation and benefit eligibility (Note: delayed for regulations)		Plans must provide SBC with the open enrollment period or plan year beginning on or after Sept. 23, 2012 (depending on type of enrollment)		Pre-existing condition exclusions prohibited for adults
Plans and issuers must adopt an improved internal claims and appeals process and comply with external review requirements (some rules were delayed until plan years beginning on or after Jan. 1, 2012)	For plan years beginning on or after Aug. 1, 2012, plans and issuers must cover additional preventive care services for women without cost-sharing. Exceptions to contraceptive coverage apply to religious employers		Insured plans in the small group and individual market must provide comprehensive benefits coverage (does not apply to grandfathered plans)	
First phase of the small business health care tax credit	For plan years ending on or after Oct. 1, 2012, issuers and self-insured health plans must pay PCORI/comparative effectiveness research fees		Reforms related to the allocation of insurance risk through reinsurance, risk corridors and risk adjustment become effective	
Rebates for the Medicare Part D "donut hole" sent to eligible enrollees			Some non-grandfathered health plans subject to cost-sharing limits	
			Second phase of small business tax credit	