



## Health care reform at-a-glance

# Impact of Affordable Care Act (ACA) provisions by line of business

The following charts provide a summary of provisions within the Affordable Care Act (ACA) and their impact on the different funding types and the lines of business. This is subject to change as we receive additional guidance and information and should only be used for reference purposes. For details on the provisions, please refer to the provision-specific fact sheets and FAQs.

2010 Provisions				
Unless otherwise noted, the provisions went into effect for plan years on or after 9/23/2010				
	Individual	Small Group	Large Group	Self-funded (ASO)
Dependent coverage for adult children to age 26	Y	Y	Y	Y
No lifetime or annual dollar limits on essential health benefits	Y	Y	Y	Y
No lifetime dollar limits on coverage	Y	Y	Y	Y
100% coverage for in-network preventive care <sup>1</sup>	Y	Y	Y	Y
No annual dollar limits on certain types of benefits (restricted annual limits allowed until 2014)	Y <sup>1</sup>	Y	Y	Y
No pre-authorization for emergency services <sup>1</sup> (patient protection)	Y	Y	Y	Y
No higher cost share for out-of-network emergency services <sup>1</sup> (patient protection)	Y	Y	Y	Y
No pre-existing condition exclusions for children	Y	Y	Y	Y
Revised appeals process <sup>1</sup>	Y	Y	Y	Y
Early retiree reinsurance program ( <i>fund exhausted 2011</i> )	NA	Y	Y	Y
MLR requirements	Y (80%)	Y (80%)	Y (85%)	NA
No pre-tax reimbursements from health spending or flexible spending accounts (HSA/FSA) for non-prescribed over-the-counter medications	NA	Y	Y	Y

<sup>1</sup>The law does not require grandfathered plans to comply with this provision. However, in some cases we have decided to extend these provisions regardless of grandfathered status.

2011 Provisions				
Unless otherwise noted, the provisions went into effect on 1/1/2011				
	Individual	Small Group	Large Group	Self-funded (ASO)
20% tax for nonqualified HSA withdrawals	Y	Y	Y	Y

2012 Provisions				
Unless otherwise noted, the provisions went into effect for plan years on or after 9/23/2012				
	Individual	Small Group	Large Group	Self-funded (ASO)
Reporting value of employer-sponsored coverage on W-2	NA	Optional	Optional	Optional
Summary of Benefits & Coverage (SBC)	Y	Y	Y	Y <i>(provided for benefits we administer)</i>
60-day notice of material modification	Y	Y	Y	Y
Women's Preventive Care	Y <i>(effective for new or renewing plans on or after 8/1/2012)</i>	Y* <i>(effective for new or renewing plans on or after 8/1/2012)</i>	Y* <i>(effective for new or renewing plans on or after 8/1/2012)</i>	Y* <i>(effective for new or renewing plans on or after 8/1/2012)</i>

2013 Provisions				
Unless otherwise noted, exact dates of implementation are to be determined				
	Individual	Small Group	Large Group	Self-funded (ASO)
Reporting value of employer-sponsored coverage on W-2	NA	Transitional relief until 2014	Y <i>(employer responsibility)</i>	Y <i>(employer responsibility)</i>
Employee notification of exchanges, including subsidies and tax credits	NA	Y <i>(employer responsibility)</i>	Y <i>(employer responsibility)</i>	Y <i>(employer responsibility)</i>
Flexible spending account contributions limited to \$2,500/year <b>Effective 1/1/2013</b>	NA	Y	Y	Y
Patient-Centered Outcomes Research Institute (PCORI)-sponsored comparative effectiveness research fee (CER) <sup>2</sup>	Y <i>(health plan pays)</i>	Y <i>(health plan pays on employers' behalf)</i>	Y <i>(health plan pays on employers' behalf)</i>	Y <i>(employer responsible for calculating amount and paying fee)</i>
Free choice voucher required to be provided to qualifying employees	NA	Repealed	Repealed	Repealed

<sup>1</sup>Religious exemption or one year enforcement safe harbor available for groups that meet certain, specific criteria outlined in the regulation.

<sup>2</sup>Payable beginning Federal fiscal year 2013 which began October 1, 2012. Applies to plan years ending 10/1/2012 and later.

<b>2014 Provisions</b>				
Unless otherwise noted, exact dates of implementation are to be determined Please see chart "2014 Impacts" for specific on / off exchange plan impacts				
	<b>Individual</b>	<b>Small Group</b>	<b>Large Group</b>	<b>Self-funded (ASO)</b>
Insurer Fee (or Health Insurance Tax)	Y <i>(health plan pays on employers' behalf)</i>	Y <i>(health plan pays on employers' behalf)</i>	Y <i>(health plan pays on employers' behalf)</i>	NA
Transitional Reinsurance Fee	NA	Y <i>(health plan pays on employers' behalf)</i>	Y <i>(health plan pays on employers' behalf)</i>	Y <i>(employer encouraged to calculate amount and pay fee directly<sup>2</sup>)</i>
Essential health benefits (EHB) package required	Y	Y	NA	NA
Out-of-pocket maximum limits applied (cumulative for all coverage)	Y	Y	Y <i>(transitional relief until 2015)</i>	Y <i>(transitional relief until 2015)</i>
Coverage waiting period not to exceed 90 days	Y	Y	Y	Y
Employers with 50+ required to offer coverage with minimum value (MV)	NA	Y <i>(dependent on number of employees)</i>	Y	Y <i>(dependent on number of employees)</i>
Auto-enrollment required by employers with 200+ employees	NA	NA	Y <i>(dependent on number of employees)</i>	Y <i>(dependent on number of employees)</i>
Coverage of routine care costs for patients* participating in clinical trials	Y	Y	Y	Y
"Small group" redefined as 1-100 (states may defer until 2016)	NA	Y	Y	Y <i>(dependent on number of employees)</i>
Deductible limits \$2,000 individual / \$4,000 family <sup>4</sup>	NA	Y	NA	NA
HIPAA nondiscrimination rules on wellness programs	NA	Y	Y	Y
Wellness program maximum incentive increase to 30% <sup>5</sup>	NA	Y	Y	Y
Individual mandate	Y	NA	NA	NA
Guaranteed issue	Y	Y	Y	Y
Rating limitations	NA	Y	NA	NA

<b>2018 Provisions</b>				
Unless otherwise noted, exact dates of implementation are to be determined				
	<b>Individual</b>	<b>Small Group</b>	<b>Large Group</b>	<b>Self-funded (ASO)</b>
40% excise tax on high-cost "Cadillac" plans	Y	Y	Y	Y

\* Patients with life-threatening illnesses

<sup>2</sup> Final business decision pending based on interpretation of regulations.

<sup>4</sup> Health insurance coverage may exceed the annual deductible limit if it cannot reasonably reach a given level of coverage (meta I tier) without exceeding the deductible limit

<sup>5</sup> Up to 50 percent for programs designed to prevent or reduce tobacco use

### 2014 Impacts

	Individual Market		Small Group Fully-Insured Market		Large Group Fully Insured Market (until 2017)	Self-Insured Market
	On Exchange	Off Exchange	On Exchange	Off Exchange	Off Exchange	Off Exchange
Coverage for essential health benefits (EHBs)	Must cover	Must cover	Must cover	Must cover	Coverage not required	Coverage not required
Lifetime / Annual limits	No \$\$ limits on EHBs Other limits ok	No \$\$ limits on EHBs Other limits ok	No \$\$ limits on EHBs Other limits ok	No \$\$ limits on EHBs Other limits ok	No \$\$ limits on EHBs Other limits ok	No \$\$ limits on EHBs Other limits ok
Deductible limits	NA	NA	Applies	Applies	NA	NA
Out-of-Pocket maximum limitations	Applies	Applies	Applies	Applies for NGF	Applies for NGF	Applies for NGF
Metal levels (actuarial value or AV)	Must meet 1 of 4 AV levels	Must meet 1 of 4 AV levels for NGF	Must meet 1 of 4 AV levels	Must meet 1 of 4 AV levels for NGF	N/A (risk penalty if plan is not 60% MV)	N/A (risk penalty if plan is not 60% MV)
Rating rules	Standardized rating	Standardized rating for NGF	Standardized rating	Standardized rating for NGF	N/A	N/A
No pre-existing condition exclusions	Applies	Applies to NGF	Applies	Applies	Applies	Applies
90-day waiting period limitation	N/A	N/A	Applies	Applies	Applies	Applies
Coverage for patients in clinical trials	Applies	Applies to NGF	Applies	Applies (NGF)	Applies (NGF)	Applies (NG*)
HIPAA nondiscrimination on wellness programs	N/A	N/A	Applies	Applies	Applies to NGF	Applies to NGF

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