

## HEALTH CARE REFORM TIMELINE

2010	2011	2013	2014	2015-2018
Health insurance policies that provide dependent coverage must make coverage available for dependents up to age 26	Consumer rebates for excessive medical loss ratios	Improvements on electronic exchange of health information to reduce paperwork, administrative burdens and costs	Individuals must obtain health insurance coverage or pay a penalty (some exemptions apply)	Health insurance provider fee imposed in 2015 and increased annually
Uninsured individuals with pre-existing conditions can obtain health insurance through a high-risk health insurance pool program	Employers to report health coverage costs on form W-2 (optional for 2011; mandatory for later years, except small employers do not need to comply until further guidance issued)	Annual health flexible savings account (FSA) contributions limited to \$2,500	Employers with 50 or more employees must offer coverage to their employees or pay a penalty	High-cost plan excise tax established in 2018
Affordable coverage will be identified by the HHS and a website will be established for residents of any state to locate coverage	“Qualified Medical Expenses” definition change requires a prescription to reimburse OTC medicine or drugs	Medicare Part D subsidy deduction eliminated	State health insurance exchanges to be established	
Reinsurance for covering early retirees will provide reimbursement for a portion of the cost of providing health insurance. Program is only available for claims incurred before Jan. 1, 2012	Simple Cafeteria Plan will be created to provide small businesses 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	
Limits on lifetime dollar value of benefits for any individual covered by group or individual health insurance eliminated	Medicare Part D discounts (50% discount on brand-name drugs)	Hospital insurance tax for high wage workers increased	Individual health care tax credits available for certain individuals	
Pre-existing condition exclusions will be eliminated for children	Increase of penalty taxes on withdrawals from HSAs (prior to age 65) and Archer MSAs which are not used for qualified medical expenses	Medical device excise tax established	Second phase of small business tax credit	
Group health plans and health insurance issuers offering group or individual health insurance coverage must cover preventive health services	Free annual wellness visit for Medicare beneficiaries and elimination of cost sharing		Assessment of health insurance provider fee	
Rescissions in all new and existing plans will be prohibited in most cases; plan coverage may not be cancelled without prior notice to the enrollee	<b>2012</b>		No limits on annual dollar value of benefits for any individual covered by group or individual health insurance	
Fully insured group health plans must satisfy nondiscrimination rules regarding participation and benefit eligibility (Note: delayed for regulations)	Plans must provide summary of benefits and coverage starting with the open enrollment period beginning on or after Sept. 23, 2012. For other enrollments, it must be provided starting with the plan year beginning on or after Sept. 23, 2012.		Pre-existing condition health insurance exclusions eliminated for adults	
Employers must improve the appeals process for appeals of coverage determinations and claims (some rules delayed until plan years beginning on or after Jan. 1, 2012) Small business health care tax credit available				
Rebates for the Medicare Part D “Donut Hole” sent to eligible enrollees States may expand Medicaid eligibility				
Indoor tanning services tax imposed				