

Health Reform Timeline

2010	2011	2012	2013	2014	2015 & beyond
<ul style="list-style-type: none"> ▪ Adult child coverage until age 26 ▪ Annual dollar limits restricted ▪ Early retiree reinsurance program (ERRP) ▪ ER coverage as in-network, no prior authorization⁶ ▪ Initial appeals review standards⁶ ▪ Lifetime dollar limits prohibited ▪ Medicare Part D rebate for beneficiaries in the gap ▪ No pre-existing conditions for kids until age 19 ▪ Online consumer information at healthcare.gov ▪ Pediatricians as PCPs, direct access to OB/GYNs⁶ ▪ Preventive services with no cost sharing⁶ ▪ Rescissions prohibited except for fraud or nonpayment ▪ Small business tax credit ▪ Temporary high-risk pool 	<ul style="list-style-type: none"> ▪ Annual fee on pharmaceutical manufacturers begins ▪ Annual rate review process ▪ Appeals ombudsmen and process documentation⁶ ▪ Auto-enrollment for groups with 200+ FTEs* ▪ Discounts in Medicare Part D “donut hole” ▪ HSAs/HRAs/FSAs: limitations for OTC medications ▪ Increase penalty for non-qualified HSA withdrawals ▪ Minimum medical loss ratio (MLR): 85% for large group; 80% for small group and individual ▪ Non-discrimination rules apply to insured plans^{6*} ▪ Small business wellness grants* 	<ul style="list-style-type: none"> ▪ 60-day advance notice of material modifications ▪ Accountable Care Organization requirements ▪ Appeals provision fully implemented⁶ ▪ First medical loss ratio rebates to be paid by August ▪ New women’s preventive services with no cost sharing⁶ ▪ Patient-centered Outcomes Research Institute (PCORI) fee (\$1 per member/year) ▪ Quality bonus begins for Medicare Advantage plans ▪ Quality of care reporting requirements* ▪ Summary of benefits and coverage (SBC) and the Uniform Glossary 	<ul style="list-style-type: none"> ▪ Administrative simplification begins ▪ Annual fee on medical device sales begins ▪ Deduction for expenses allocable to the Part D subsidy for “qualified prescription drug plans” eliminated ▪ Employee notification of access to Exchanges ▪ FSA contributions limited to \$2,500 ▪ FSAs allow carryover up to \$500 of unused amounts into next plan year ▪ High earner tax begins (applies to individuals) ▪ PCORI fee increases to \$2 per member/year ▪ W-2 reporting of the value of employer-sponsored health benefits 	<ul style="list-style-type: none"> ▪ Clinical trials coverage⁶ ▪ Coverage for all adult children until age 26 including those that have employer coverage (formerly not covered for grandfathered plans) ▪ Essential health benefits required for small employers⁶ ▪ Health Insurance Marketplaces (Exchanges) ▪ Guaranteed issue and renewability⁶ ▪ Individual mandate ▪ Insurer fee – permanent ▪ Integrated HRA (permanently opt out of and waive future HRA reimbursements at least annually and upon termination of employment) ▪ Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) ▪ No annual dollar limits ▪ No pre-existing condition exclusions ▪ OOP limits established⁶ ▪ Provider scope of license (Provider non-discrimination) ▪ Rating restrictions⁶ / Adjusted community rating ▪ Transitional reinsurance fee (2014-2016) ▪ Waiting period limits ▪ Wellness programs 	<ul style="list-style-type: none"> ▪ Employer mandate for 100+ (2015)¹ ▪ Employer mandate for 50-99 (2016)¹ ▪ High-value plan excise tax begins (2018) ▪ ICD-10 code adoption ▪ Medicare Part D “donut hole” closed by 2020 ▪ Reporting requirements (6055, 6056) (2016) ▪ Small group redefinition 1-100 (2016) ▪ States can open Exchange to CHIP eligibles (2015) and all employers (2017) <div style="background-color: #0056b3; color: white; padding: 5px;"> <p>*IMPLEMENTATION DELAYED UNTIL REGULATIONS ARE RELEASED:</p> <ul style="list-style-type: none"> ▪ Auto-enrollment for groups with 200+ FTEs ▪ Health Plan Identifier required for self-funded health plans ▪ Non-discrimination rules apply to insured plans⁶ ▪ Small business wellness grants ▪ Quality of care reporting requirements </div>

⁶ Grandfatherable provision

¹ Employer mandate will [generally] be implemented along this timeline [for most] applicable large employers who have 50 or more full-time employees (including full-time equivalents).

Note: some provisions apply only to fully insured business (e.g., MLR, insurer fee and guaranteed issue)

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or their affiliates.

The content provided is for informational purposes only. This communication is not intended, nor should it be construed, as legal or tax advice. Please contact a competent legal or tax professional for legal advice, tax treatment and restrictions. Federal and state laws and regulations are subject to change.