HEALTH CARE REFORM TIMELINE

2010

- Health insurance policies that provide dependent coverage must make coverage available for dependents up to age 26
- Uninsured individuals with pre-existing conditions can obtain health insurance through a high-risk health insurance pool program
- Affordable coverage will be identified by the HHS and a website will be established for residents of any state to locate coverage
- 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
- Limits on lifetime dollar value of benefits for any individual covered by group or individual health insurance eliminated
- Pre-existing condition exclusions will be eliminated for children
- Group health plans and health insurance issuers offering group or individual health insurance coverage must cover preventive health services
- 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
- Fully insured group health plans must satisfy nondiscrimination rules regarding participation and benefit eligibility (Note: delayed for regulations)
- 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

2011

- Consumer rebates for excessive medical loss ratios
- 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)
- "Qualified Medical Expenses" definition change requires a prescription to reimburse OTC medicine or drugs
- Simple Cafeteria Plan will be created to provide small businesses an easier way to sponsor a cafeteria plan
- Medicare Part D discounts (50% discount on brand-name drugs)
- Increase of penalty taxes on withdrawals from HSAs (prior to age 65) and Archer MSAs which are not used for qualified medical expenses
- Free annual wellness visit for Medicare beneficiaries and elimination of cost sharing

2012

- 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.

2013

- Improvements on electronic exchange of health information to reduce paperwork, administrative burdens and costs
- Annual health flexible savings account (FSA) contributions limited to $2,500
- Medicare Part D subsidy deduction eliminated
- Income threshold for claiming itemized deduction for medical expenses increased
- Hospital insurance tax for high wage workers increased
- Medical device excise tax established
- UIMC Tax on investment and passive income
- W-2 Insurance

2014

- Individuals must obtain health insurance coverage or pay a penalty (some exemptions apply)
- Employers with 50 or more employees must offer coverage to their employees or pay a penalty
- State health insurance exchanges to be established
- Health insurance companies will not be able to discriminate against individuals based on health status
- Individual health care tax credits available for certain individuals
- Second phase of small business tax credit
- Assessment of health insurance provider fee
- No limits on annual dollar value of benefits for any individual covered by group or individual health insurance
- Pre-existing condition health insurance exclusions eliminated for adults

2015 - 2018

- Health insurance provider fee imposed in 2015 and increased annually
- High-cost plan excise tax established in 2018

AKT LLP, CPAs and Business Consultants
www.aktcpa.com