

The following chart is a summary of provisions within the Affordable Care Act (ACA) and their impact on different funding types and lines of business. This is subject to change as we receive additional guidance and information and should be used for informational purposes only. For details on the provisions, please refer to existing fact sheets and FAQ previously provided.

<b>Provision</b>	<b>Fully Insured (Small Group)</b>	<b>Fully Insured (Large Group)</b>	<b>ASO</b>	<b>Individual</b>	<b>Implementation Date**</b>
Dependent coverage for adult children up to age 26 (In some states, dependents can stay on the plan even longer.)	Required	Required	Required	Required	Plan years beginning on or after 9/23/10
No lifetime coverage limits	Required	Required	Required	Required	Plan years beginning on or after 9/23/10
100% coverage for preventive services in network*	Required	Required	Required	Required	Plan years beginning on or after 9/23/10
No annual limits on certain types of benefits (Restricted annual limits permitted until 2014)	Required	Required	Required	Required*	Plan years beginning on or after 9/23/10
No prior authorization for emergency services or higher cost sharing for out-of-network emergency services*	Required	Required	Required	Required	Plan years beginning on or after 9/23/10

No pre-existing condition exclusions for children	Required	Required	Required	Required*	Plan years beginning on or after 9/23/10
Revised appeals process*	Required	Required	Required	Required	Depending on specific requirement: Plan years beginning on or after 9/23/10 or 1/1/2012  Some requirements are to be implemented on 7/1/11 regardless of plan year  Some have been delayed beyond 7/1/11***
Nondiscrimination in favor of highly compensated employees prohibited*	Required	Required	Required, but not a new requirement for these plans	N/A	Plan years on or after 9/23/10 (implementation delayed until further guidance issued) ***
Early Retiree Reinsurance Program	Available	Available	Available	N/A	Active until the fund is exhausted
MLR requirements	Required (80%)	Required (85%)	Exempt	Required (80%)	Reporting and paying rebates in 2012 for 2011 plan year

No pretax reimbursements from health account for nonprescribed, over-the-counter medications	Required	Required	Required	N/A	Plan years on or after 9/23/10
20% tax for nonqualified HSA withdrawals	Required	Required	Required	Required	1/1/11
Reporting the value of employer-sponsored coverage on W-2s	Required	Required	Required	N/A	Optional for W-2 s issued in 2012; required for 2013; some exceptions for small groups
Automatic enrollment in new long-term care program, with ability for employees to opt out	Required	Required	Required	N/A	TBD***
Uniform explanation of coverage	Required – health plan will take care of it on employers’ behalf	Required – health plan will take care of it on employers’ behalf	Required – support from health plan is dependent on additional guidance from HHS	Required	2012; specific date TBD***
Pre-enrollment document sent explaining benefits and exclusions	Required	Required	Required	Required	2012; specific date TBD***

60-day notice for material modifications, if not provided in uniform explanation of coverage	Required	Required	Required	Required	2012; specific date TBD***
Employee notification of exchanges, premium subsidies and free choice vouchers	Required	Required	Required	N/A	2013***
FSA contributions limited to \$2,500 per year	Required	Required	Required	N/A	1/1/13
Fee for comparative effectiveness research agency for fiscal year 2013, which technically begins October 1, 2012	Required - health plan will take care of it on employers' behalf	Required - health plan will take care of it on employers' behalf	Required – employer responsible for determining amount and paying of fee	Required	Federal FY 2013 (applies to plan years ending 10/1/2012 and later)***
Free choice voucher required to be provided to qualifying employees	Required	Required	Required	N/A	2014***
Individual mandate	N/A	N/A	N/A	Required	2014***
Guaranteed issue	N/A	N/A	N/A	Required	2014***
Employer requirement to offer minimum essential coverage (50+ employees)	Required - dependent on size of organization	Required	Required - dependent on size of organization	N/A	2014***

HIPAA nondiscrimination rules on wellness programs	Required	Required	Required	N/A	2014***
30% incentive cap for wellness programs	Required	Required	Required	N/A	2014***
Large groups required to auto-enroll employees into health benefits (200+ employees)	N/A	Required – dependent on size of organization	Required - dependent on size of organization	N/A	2014***
Small group redefined as 1 – 100 (state may defer until 2016)	Required	N/A	Required depending on size of organization	N/A	2014***
Rating limitations	Required	N/A	N/A	N/A	2014***
Ensure that annual cost-sharing for essential health benefits doesn't exceed the maximum out-of-pocket limits for a high-deductible health plan (HDHP), as defined by Internal Revenue Code (these limits are adjusted for inflation annually)	Required	N/A	N/A	Required	2014***
New fee on fully insured coverage	Required	Required	Not applicable	Required	2014***
90-day limit on waiting periods for coverage	Required	Required	Required	Required	2014***



Coverage of routine patient costs for clinical trials of life-threatening diseases*	Required	Required	Required	Required	2014***
40% excise tax on high-cost "Cadillac" plans	Required	Required	Required	Required	2018***

\*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.

\*\* Some dates may change based on additional guidance/requirements from HHS, these are intended to be general implementation timeframes.

\*\*\* Best understanding subject to publication of regulations.

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