

Patient Protection & Affordable Care Act Timeline

Foster Swift
Health Care
Group

Provision	Brief Explanation	Effective Date
Summary of Benefits and Coverage document	A Summary of Benefits and Coverage document must be provided to applicants and enrollees before enrollment or re-enrollment in a health benefit plan. Sixty-day advance notice must be given to enrollees for material modifications not reflected in the most recent Summary provided.	For individuals enrolling through open enrollment, the first open enrollment period beginning on or after 9/23/2012. If enrolling other than through open enrollment, the first day of the first plan year that begins on or after 9/23/2012.
Limitation on health flexible spending account salary reduction contributions	There will be a \$2,500 limit on annual salary reduction contributions to health flexible spending accounts offered under cafeteria plans. An employer may need to update its cafeteria plan to reflect this new limit.	Effective for plan years beginning after 12/31/2012.
Form W-2 reporting	An employer issuing 250 or more Form W-2s must report the aggregate cost of employer-sponsored health coverage in box 12 using code DD.	Effective for Form W-2s issued for the 2012 tax year (i.e., January 2013).
Medicare tax increase	The Medicare tax rate will increase by 0.9% on earnings over \$200,000 for individuals and \$250,000 for married couples filing a joint return.	Effective for the 2013 tax year.
Notice of exchange	Employers must provide all new hires and current employees with a written notice about the Health Benefit Exchange and some of the consequences if an employee decides to purchase coverage through the Exchange in lieu of employer-sponsored coverage.	Original deadline (3/1/2013) has been delayed. New deadline will likely be late summer or fall of 2013.
Preexisting condition exclusions	Group health plans and insurers may not impose preexisting condition exclusions against enrollees.	For enrollees under 19 years of age, this provision became effective for the first plan year beginning on or after 9/23/2010. For all other enrollees, it will become effective as of the first plan year beginning on or after 1/01/2014.
Annual limits	Group health plans and insurers may not impose annual limits on the dollar value of essential health benefits.	1/01/2014
Reporting of health insurance coverage	Any person who provides minimum essential coverage to an individual during a calendar year must report certain health insurance coverage information to the Internal Revenue Service and provide a written statement to the individual.	1/01/2014

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Employer mandate	Employers with 50 or more full-time equivalent employees must provide affordable health coverage of a minimum value to full-time employees and their dependents or pay a penalty.	1/01/2014
Individual mandate	Unless otherwise exempt, individuals must have health coverage or pay a penalty.	1/01/2014
Prohibition against excessive waiting periods	Group health plans and insurers cannot require any waiting period in excess of 90 days.	1/01/2014
Guaranteed renewability	Insurers must renew or continue current coverage at the option of the employer or individual.	1/01/2014
Guaranteed availability	Insurers must accept every employer or individual in the state that applies for coverage.	1/01/2014
Wellness programs	The maximum reward for participation in a health-contingent wellness program will generally increase to 30% of the cost of applicable coverage, except that this percentage may increase an additional 20 percentage points (to 50%) to the extent that the additional percentage is in connection with a program designed to prevent or reduce tobacco use.	1/01/2014
Nondiscrimination rules for fully-insured plans	Fully-insured plans must comply with non-discrimination rules related to eligibility and benefits that are similar to those non-discrimination rules currently effective for self-insured plans.	This provision will not become effective until some time after regulations are issued to assist with compliance.
Automatic enrollment in an employer's health plan	Employers with more than 200 full-time employees must automatically enroll new full-time employees in one of the employer's health benefit plans and automatically continue the enrollment of current employees.	This provision will not become effective until some time after regulations are issued to assist with compliance.
Excise tax on high-cost health coverage (the "Cadillac Tax")	The amount of employer-sponsored health coverage that exceeds a certain threshold (\$10,200 for self-only coverage and \$27,500 for other coverage) will be subject to a 40% excise tax.	1/01/2018

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