



ASSURANT  
Health®



Health Care Reform  
Brief

Individual Major  
Medical and Small  
Group Products

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## Patient Protection and Affordable Care Act (PPACA) Timeline of Reform Changes

The following is a general timeline on the provisions of health care reform. The applicability of these provision may vary depending on the type of product (e.g., individual vs. small group) and the plan's effective date (e.g., grandfathered plans).

<b>Effective immediately</b>	<ul style="list-style-type: none"> <li>Existing business grandfathered</li> </ul>	<ul style="list-style-type: none"> <li>Small business tax credit (up to 35%)</li> </ul>
<b>Beginning June – July 2010</b>	<ul style="list-style-type: none"> <li>Early retiree reinsurance program</li> <li>HHS Web portal established</li> </ul>	<ul style="list-style-type: none"> <li>High risk pool created</li> </ul>
<b>Plan years beginning September 23, 2010, and later</b>	<ul style="list-style-type: none"> <li>Adult children coverage to age 26</li> <li>No pre-existing condition exclusions for children under age 19</li> <li>Fraud standard for rescissions</li> <li>Preventive care services coverage</li> <li>No lifetime dollar limits on essential benefits</li> <li>Internal and external appeals process</li> </ul>	<ul style="list-style-type: none"> <li>Transparency disclosures</li> <li>Emergency services (at network cost)</li> <li>Direct access to OB/GYN</li> <li>Choice of PCP/pediatrician</li> <li>Non-discrimination rules extend to fully insured plans</li> <li>Restrictions on annual limits for essential benefits</li> </ul>
<b>Beginning in 2011</b>	<ul style="list-style-type: none"> <li>OTC drugs not reimbursable on HSAs</li> <li>Increased penalty (20%) for non-qualified HSA withdrawals</li> <li>Form W-2 reporting value of benefits</li> </ul>	<ul style="list-style-type: none"> <li>Medical loss ratio requirements and reporting</li> <li>SIMPLE cafeteria plans allowed (small employers under 100 lives)</li> <li>CLASS premium payments and employer auto-enrollment</li> </ul>
<b>Beginning in 2012</b>	<ul style="list-style-type: none"> <li>Summary of coverage requirement</li> </ul>	<ul style="list-style-type: none"> <li>60-day notice in advance of modifications</li> </ul>
<b>Beginning in 2013</b>	<ul style="list-style-type: none"> <li>3.8% investment income tax for high incomes</li> <li>Medicare tax increase for high incomes</li> <li>No retiree drug subsidy deduction</li> </ul>	<ul style="list-style-type: none"> <li>FSA contributions capped at \$2,500</li> <li>Employer notification needed regarding exchange availability</li> <li>Eligible medical expense deduction threshold increased (from 7.5% to 10%)</li> </ul>
<b>Beginning in 2014</b>	<ul style="list-style-type: none"> <li>Insurance exchanges (state-based)</li> <li>Guarantee issue in individual market</li> <li>Pre-existing condition exclusions not allowed</li> <li>Rate reviews</li> <li>MLRs based on three years of data</li> <li>Individual mandate for minimum essential coverage</li> <li>Large employer tax penalty</li> <li>Free choice vouchers</li> <li>Limit on employee out-of-pocket expenses</li> </ul>	<ul style="list-style-type: none"> <li>Small employer tax credit increased to 50%</li> <li>No annual dollar limits on essential benefits</li> <li>Modified community rating</li> <li>Wellness program incentives increased</li> <li>Required clinical trial coverage</li> <li>90-day limit on waiting periods</li> <li>Early retiree reinsurance program ends</li> <li>High risk pool ends</li> </ul>
<b>Beginning in 2017</b>	<ul style="list-style-type: none"> <li>States may permit large employers to participate in exchanges</li> </ul>	
<b>Beginning in 2018</b>	<ul style="list-style-type: none"> <li>40% excise tax on high-cost health insurance plans</li> </ul>	

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