



Timeline of Affordable Care Act Effective Dates for Employers 2010-2022

Provisions Effective 2010-2022 for Private-Sector Employer-Sponsored Health Plans (without collective bargaining)

Item	Highlights	Effective Date	Applies if Grandfathered?
2010 – 2012			
Adult Children Coverage	Plan covering any child must extend eligibility to children of employee up to age 26.	PYB ≥ 9/23/2010	Yes*
Annual Dollar Limits	Plan must not impose any annual dollar limit on Essential Health Benefits.	PYB ≥ 9/23/2010	Yes**
Lifetime Dollar Limits	Plan is prohibited from imposing a lifetime dollar limit on Essential Health Benefits.	PYB ≥ 9/23/2010	Yes
Patient Protections	Member may select any available network PCP and may access OB/GYN care without pre-authorization or referral. Plan must cover out-of-network emergency care the same as in-network.	PYB ≥ 9/23/2010	No
Preexisting Condition Exclusions	Plan is prohibited from excluding preexisting conditions of persons under age 19.	PYB ≥ 9/23/2010	Yes
Preventive Care	Plan must not impose cost sharing (e.g., copays, deductibles) on in-network “preventive care services” (defined by HHS and subject to change from time to time). Certain exceptions are available for religious employers and affiliates.	PYB ≥ 9/23/2010	No
Rescissions	Plan must not rescind coverage (unless due to fraud, intentional misrepresentation)	PYB ≥ 9/23/2010	Yes
OTC Drugs/Medicines	No pre-tax reimbursement of OTC drugs/medicines (unless prescribed or insulin).	1/1/2011	Yes
Appeals and Review Procedures	Plan must have internal appeals process and communicate procedures to participants. External appeal process is required based on national standards.	Multi-phase	No
W-2 Reporting	Report health coverage cost on W-2. (Small employers exempt.)	Tax Year 2012	Yes
Summary of Benefits and Coverage (SBC)	Plan must distribute standardized format SBCs to eligible plan participants. Required content and format is prescribed by federal regulations.	Open Enrollment ≥ 9/23/12	Yes
Patient-Centered Outcomes Research Institute (PCORI) Fee	Annual fee per member payable by insurer or self-funded plan sponsor. Due 7/31 of CY following year in which PY ends. Applies only to PYs ending 10/1/2012 – 9/30/2019.	PYE ≥ 10/1/12	Yes

PYB = Plan Year Beginning

PYE = Plan Year Ending

GDFP = Grandfathered Plan

Item	Highlights	Effective Date	Applies if Grandfathered?
2013			
Health Care FSA Annual Limit	Health FSA contributions are subject to annual limit (e.g., \$2,650 in PY2018).	PYB ≥ 1/1/2013	Yes
Notice of Marketplace Coverage	Employers must give all EEs Notice of Marketplace Coverage within 14 days of hire.	10/1/2013	Yes
2014			
Clinical Trials	Plan must cover routine patient costs for clinical trials.	PYB ≥ 1/1/2014	No
Cost-Sharing Annual Limits on Essential Health Benefits (EHBs)	Out-of-Pocket (OOP) maximums for EHBs cannot exceed \$7,350/person and \$14,700/family in PY2018. (Note: State insurance laws also may affect OOP maximums or limit deductibles.)	PYB ≥ 1/1/2014	No
Essential Health Benefits (EHBs)	“Small group” policies must cover all EHBs. *See note below.	PYB ≥ 1/1/2014	No
Nondiscrimination re: Providers	Plan must not discriminate against any health provider acting within scope of license.	PYB ≥ 1/1/2014	No
Preexisting Condition Exclusions	Plan is prohibited from excluding preexisting conditions (regardless of person’s age).	PYB ≥ 1/1/2014	Yes
Transitional Reinsurance fee	Annual fee per member applies to “major medical” coverage. N/A after 2016.	1/1/2014	Yes
Waiting Period Limit	Plan is prohibited from imposing a waiting period that exceeds 90 days.	PYB ≥ 1/1/2014	Yes
Wellness Programs	Updated regulations apply. Increased financial incentives may be offered.	PYB ≥ 1/1/2014	Yes
2015 – 2022			
Employer Mandate: Reporting	Insurer and Large Employer reporting requirement. 2017 reports due early 2018.	1/1/2015	Yes
Employer Mandate: Shared Responsibility (“Play or Pay”)	Applicable Large Employer (ALE) (≥50 FTEs) is subject to penalty IF full-time EE gets subsidy at Marketplace due to employer’s failure to offer minimum essential coverage or affordable minimum value coverage.		Yes
Nondiscrimination re: Benefits	Insured health plans may not discriminate in favor of highly-compensated employees.	Pdg Regulations	No
“Cadillac Plan” Excise Tax	40% excise tax on value of all employer-sponsored coverage that exceeds thresholds.	1/1/2022	Yes

Note: If permitted under state insurance law, certain non-GDFP “small group” policies may be renewed after 2013 without adopting this provision.

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