

**Health Reform Timeline for Advantage Health Plans Trust**

New Bill Provisions	Description	Requires Plan Amendment	Applies to Grandfathered Plans	Regs. Issued	General Effective Date	AHP Effective Date
Extension of Dependent Coverage	Dependent children up to age 26 must be eligible for coverage under group health plans.	Yes	Yes	Yes, 5/10/10	Plan years beginning after 9/23/10	7/1/2011
No Lifetime Limits	Lifetime dollar limits must be eliminated	Yes	Yes	Yes, 6/22/10	Plan years beginning after 9/23/10	7/1/2011
Elimination of pre-existing conditions for children under 19.	Pre-existing condition exclusions eliminated for enrolled children under age 19.	Yes	Yes	Yes, 6/22/10	Plan years beginning after 9/23/10	7/1/2011
W-2 Reporting	Employers required to report cost of employee health plan coverage. Excludes FSA and HSA.	No	Yes		Taxable years beginning after 12/31/10; first year is voluntary	1/1/2012
Non-discrimination Rules	Non-discrimination rules of Section 105(h) not allowing discrimination in favor of highly compensated employees that applied to self-funded plans now applies to all plans.	Yes for Fully Funded Plans	No, does not apply to self-insured plans.		Plan years beginning after 9/23/10	Already in Compliance.
Appeals of Denied Medical Claims	Personal testimony must be allowed as part of appeal process for denied claims. All self-insured plans must offer opportunity for external third party review of denied claims.	Maybe	No		Plan years beginning after 9/23/10	7/1/2011
Group Health Plan Rescind	Group health plans may not rescind an individuals coverage except in cases of fraud.	Maybe	Yes	Yes, 6/22/10	Plan years beginning after 9/23/10	7/1/2011
Preventive Care	Plans must cover preventive care (such as immunizations, well-baby care, breast cancer screenings, etc.) without co-pays or deductibles.	Yes	No		Plan years beginning after 9/23/10	7/1/2011
Development of uniform explanation of coverage.	Government to develop standards for use by group health plans in providing accurate summary of benefits.	No	Yes		24 months after Enactment. 3/23/12.	3/23/2012
New Reporting Requirements	Group Health Plans will be required to report to Secretary of HHS, the applicable State Insurance Commissioner, and the public the following information: claims payment policies and practices, financial disclosures, enrollment (and disenrollment) data, data on denied claims and rating policies, information on cost-sharing and payments with respect to out-of-network coverage, information on participant rights under the Act, and other information as determined by the HHS Secretary.	No	Yes		Plan years beginning after 9/23/10	7/1/2011
Retiree reinsurance program	Feds to reimburse employers for cost of health care benefits provided to retirees aged 55 to 64.	No	No	5/5/2010	90 days after March 23, 2010	
Amend Health Plan Docs.	Kempton will need to amend plan docs for new provisions prior effective date.			Yes, May 5, 2010	Varies	Prior to 7/1/2011
Fair Health Insurance Premiums	Insurers may not charge discriminatory premium rates.	Only for Grandfathered plans not wanting to maintain Grandfather Status	No			
Guaranteed Coverage	Insurers must accept everyone that applies for coverage.	Only for Grandfathered plans not wanting to maintain Grandfather Status	No		1/1/2014	
Guaranteed renewability of coverage.	Insurers must guarantee coverage renewal. Limited exceptions.	Only for Grandfathered plans not wanting to maintain Grandfather Status	No		1/1/2014	

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Prohibition in discrimination based on health status.	<i>Eligibility rules may not be based on health status and evidence of insurability.</i>	Only for Grandfathered plans not wanting to maintain Grandfather Status	HIPAA nondiscrimination regs still apply. No for PPACA extensions and wellness programs.		1/1/2014	
Nondiscrimination in health care providers	<i>No discrimination against providers acting within scope of their professional license. Section 2706 specifically refers to Pediatric medical providers.</i>	Only for Grandfathered plans not wanting to maintain Grandfather Status	No		1/1/2014	
Comprehensive Health Insurance Coverage	<i>Insurers in small group and individual markets will include coverage which provides essential benefits and limits cost sharing.</i>	Only for Grandfathered plans not wanting to maintain Grandfather Status	No		1/1/2014	
Prohibition of excessive waiting periods.	<i>No waiting periods greater than 90 days.</i>	Only for Grandfathered plans not wanting to maintain Grandfather Status	No		1/1/2014	
Coverage for individuals participating in approved clinical trials.	<i>Coverage may not be dropped for those participating in clinical trials.</i>	Only for Grandfathered plans not wanting to maintain Grandfather Status	No			
Ensuring quality of care	<i>Government to develop guidelines for use by health insurance issuers to report information on programs that improve health outcomes.</i>	No	No			
Bringing down cost of health care coverage (medical loss ratio provisions)	<i>Requires health plans to submit annual reports to the government on the percentages of premiums spent on reimbursement for clinical services and activities that improve health care quality.</i>	No	Yes, but does not apply to self insured plans.		Plan years beginning after 9/23/10	
Patient protections	<i>Individuals must be permitted to select a primary care provider or pediatrician in case of a child. No pre-authorization or increased cost sharing for out-of-network emergency services.</i>	Only for Grandfathered plans not wanting to maintain Grandfather Status	No	Yes, 6/22/10	Plan years beginning after 9/23/10	