

AFFORDABLE CARE ACT TIMELINE

WHAT HAS HAPPENED SO FAR

2010	<ul style="list-style-type: none">• Small business health insurance tax credits instituted.• Temporary high-risk pools for certain individuals with pre-existing conditions created (ends January 1, 2014). No pre-existing conditions limits for kids.• Children can remain on parents' insurance until age 26.• Lifetime coverage limits eliminated. Phase-out of annual coverage limits begins.• Institutes new 10% sales tax on indoor tanning services.• 100% coverage for certain preventative care.
2011	<ul style="list-style-type: none">• Rebates if an insurer's medical loss ratio is not at least 85% for large employers and 80% for individuals & small employers.• No HRA, HSA or FSA reimbursement for over-the-counter medications without a prescription.
2012	<ul style="list-style-type: none">• Increased preventative care for women with no cost-sharing.• Insurers must provide a uniform summary of benefits to all applicants and enrollees.
January 1, 2013	<ul style="list-style-type: none">• Maximum contribution to health FSA reduced to \$2,500.• 0.9% Medicare payroll tax increase and 3.8% tax on unearned income for high wage earners. Threshold for itemized deductions of medical expense increased.• W-2 reporting of employer-sponsored health coverage if 250 or more W-2s.

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WHAT WILL HAPPEN NEXT

Summer/Fall 2013	<ul style="list-style-type: none"> • Employers required to provide written notice to employees regarding access to the health care exchanges.
October 1, 2013	<ul style="list-style-type: none"> • Open Enrollment period for health care exchanges begins.
January 1, 2014	<ul style="list-style-type: none"> • Individual Mandate goes into effect: Most individuals must have coverage for themselves and their dependents or pay a penalty. • Employer Mandate goes into effect: Large employers required to offer affordable coverage to full-time employees and their dependents. Small employers have the option to offer coverage. • Exchanges: Individuals and small employers can purchase health coverage on the health care exchanges. • Subsidies & Tax Credits: Subsidies available to low and moderate income individuals buying coverage on exchanges. • Medicaid Expansion goes into effect. • Pre-Existing Condition Exclusions eliminated. • Limits set on deductibles and out-of-pocket costs. • Essential Health Benefits: small group and individual plans must provide certain categories of health care benefits. • Wellness Incentives go into effect. • Non-Discrimination rules are anticipated to go into effect.
2015	<ul style="list-style-type: none"> • Large employers (>200 full time employees) must automatically enroll employees in employer's health provided plan. Employees may opt out. • Large employer reporting requirements goes into effect.
January 1, 2017	<ul style="list-style-type: none"> • Anticipated date that large employers will be allowed into Oregon's Exchange (called "Cover Oregon").
January 1, 2018	<ul style="list-style-type: none"> • "Cadillac Tax" on high cost insurance plans goes into effect.