

Health Care Reform Timeline: 2010 – 2014

2010

- **Tax-free employer coverage for children who are not otherwise tax dependents:**
Cannot have turned age 27 as of end of year
- **Medicare Part D donut hole:**
 - Current Coverage = \$2,830 a year and stops until beneficiary's out-of-pocket reaches \$4,550 in the year. Then coverage picks up again
 - Provides a \$250 rebate to Medicare beneficiaries who fall into the hole in 2010
 - In 2011: 50% discount on prescription drugs during the gap. Gap will be closed completely by 2020. Beneficiaries will cover roughly 25% of the cost of drugs up until Medicare's catastrophic coverage kicks in, then co-payments drop to 5%
- **Dependent coverage for older children:**
 - Coverage available for an adult child (even married) until 26 years of age
 - Not required to make coverage available for a child of a child
 - Must not have access to other group coverage
- **Preventative services:** Mandatory coverage for certain preventative care, including recommended immunizations
- **Choice of health care professional:** If a plan requires a participant or beneficiary to designate a participating primary care provider, he/she may choose any participating primary care provider who is available to accept that individual
- **Emergency services:** If a plan covers emergency services, the plan must cover emergency services without requiring prior authorization. It must provide coverage whether or not the health care provider is a participating provider. If emergency services are provided out-of-network, the cost-sharing requirement must be the same as if the services were provided in-network.
- **Pediatric care:** If a plan requires the designation of a participating primary care provider for a dependent child, the plan must permit the designation of an in-network physician who specializes in pediatrics as the child's primary care provider.
- **Obstetrical and gynecological care:** A plan that provides coverage for obstetric or gynecology care and requires the designation of a participating primary care provider may not require authorization if female participant or beneficiary seeks coverage for

obstetrical or gynecological care provided by participating health care professional who specializes in obstetrics or gynecology.

- **Pre-existing conditions:** For members who are under age 19, no preexisting condition exclusions can apply.

2011

- **HSAs, Health FSAs and Health Reimbursement Arrangements (HRAs):**No tax-free coverage for non-prescribed items

2013

- **Health FSA contribution** = \$2,500.
- **Medicare payroll tax** of 2.35% on employees whose annual earnings exceed \$200,000 (individual) or \$250,000 (couple); no change in 1.45% Medicare tax for others.

2014

- **Waiting Periods:** A plan must not apply a waiting period that exceeds 90 days
- **Pre-existing Conditions:** Pre-existing conditions are eliminated whether or not an individual has prior creditable coverage and whether or not the individual is a late enrollee.

For additional information on Health Care Reform, please visit www.midamgroup.com/html/healthcare-reform.htm

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