

# Current ACA Timeline

*Caution: ACA is under constant review. Provisions could be adjusted, re-interpreted and even repealed in the future. This is a snapshot as of June 2012.*

## 2012

<b>Summary of Benefits and Coverage</b>	<p>For groups without open enrollment periods, the first day of the first plan year that begins on or after September 23, 2012.</p> <p>For groups with open enrollment periods, the first day of the first open enrollment period that begins on or after September 23, 2012.</p>
<b>\$2 Million Annual Limit on Essential Health Benefits</b>	<p>Plan years beginning on or after September 23, 2012.</p>
<b>Women's Preventive Services</b>	<p>Non-grandfathered plans must cover women's preventive services without cost-sharing in the first plan year that begins on or after August 1, 2012.</p>

## 2013

<b>W-2 Reporting</b>	<p>January 2013 (for 2012 W-2 Forms). Annual reporting begins.</p>
<b>Health FSA Limit</b>	<p>Plan years beginning January 1, 2013. The annual limit on health FSAs is \$2500.</p>
<b>Administrative Simplification Eligibility and Claim Status Operating Rules</b>	<p>January 1, 2013</p>

<b>FICA Medicare Tax Rate Increase</b>	January 1, 2013. FICA Medicare tax rate increases for wages over \$200,000 (\$250,000 for married couples filing jointly).
<b>Medicare Part D Retiree Drug Subsidy Payments</b>	January 1, 2013. Elimination of the tax deduction for employers who receive Medicare Part D retiree drug subsidy payments.
<b>Exchanges</b>	January 1, 2013. States must inform HHS whether they will operate an Exchange.
<b>Exchange and Subsidy Notice</b>	March 1, 2013. Notices to plan participants explaining the Exchanges and potential Federal subsidies if the employer-sponsored coverage is “unaffordable.”
<b>CO-OP</b>	Beginning July 1, 2013, non-profit, member-run health insurance companies may apply to become Consumer Operated and Oriented Plans.
<b>Patient-Centered Outcomes Research Institute (PCORI) Fee on Plans</b>	First fee due July 31, 2013. The fees are effective for each plan year ending on or after October 1, 2012 and before October 1, 2019.

2014

<b>Employer Play or Pay</b>	January 1, 2014. Employers with 50 or more full-time employees (or full-time equivalents) are liable for a penalty tax if “affordable” coverage is not offered and an employee receives a federal subsidy through an Exchange.
<b>No Annual Dollar Limits on Essential Health Benefits</b>	Plan years beginning on or after January 1, 2014.
<b>No Preexisting Condition Exclusions</b>	Plan years beginning on or after January 1, 2014.

<b>90-Day Limitation on Waiting Periods</b>	Plan years beginning on or after January 1, 2014.
<b>Tax on Plans to Fund Temporary Reinsurance Program</b>	January 1, 2014. States must establish transitional reinsurance programs to help stabilize premiums for individual market coverage from 2014 – 2016. Plans and insurers will be taxed.
<b>Wellness Rewards</b>	January 1, 2014. Employers will be permitted to vary premiums up to 30% (possibly increasing to 50%) for participation in wellness programs.
<b>Exchanges</b>	<p>States selecting to operate an Exchange must establish them by January 1, 2014. The Federal government will set up and operate an Exchange in those States that choose not to. Between 2014 -2016, only individuals and small group employers with up to 100 employees are eligible to participate in the Exchanges. Until the year 2016, States can limit the small groups to firms with 50 or fewer employees.</p> <p>January 1, 2014. Exchange products must provide guaranteed availability of insurance for individuals and small groups.</p>
<b>Federal Subsidies</b>	January 1, 2014. Premium assistance tax credits and cost-sharing subsidies become available for those eligible through the Exchanges.
<b>Coverage of Clinical Trials</b>	Plan years beginning on or after January 1, 2014.
<b>Individual Mandate</b>	January 1, 2014

*Note - Substantial guidance is expected on many of the provisions scheduled to take effect in 2014.*

2015

<b>Employer Reporting</b>	First information returns due January 31, 2015 (for coverage provided on or after January 1, 2014). Employers with 50 or more full-time employees report names of workers covered under the plan and other plan information to the IRS and the individual.
<b>Plan and Insurer Reporting</b>	First information returns due January 31, 2015 (for coverage provided on or after January 1, 2014). Sponsors of self-funded plans and health insurers report individual coverage dates, the portion of the premium the individual must pay and more.
<b>Exchanges</b>	Beginning January 1, 2015, state-based exchanges must be self-sustaining. Exchanges may charge assessments or user fees.

2016

<b>Exchanges</b>	All exchanges must be open to employers with up to 100 employees. Until the year 2016, States can limit the small group market to firms with 50 or fewer employees.
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2017

<b>Exchanges</b>	Beginning in 2017, States may elect to allow large group plans (100 or more) to be sold in the Exchanges.
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2018

<b>Tax on High-Cost Plans</b>	An excise tax of 40% will be imposed on employer-sponsored health benefits that exceed the value of \$10,200 times the “health cost adjustment percentage” for self-only coverage and \$27,500 times the “health cost adjustment percentage.”
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Unknown Effective Dates

<b>Automatic Enrollment</b>	IRS Notice 2012-17 states that guidance on automatic enrollment will not be ready to take effect by 2014. The compliance date will be addressed in future guidance.
<b>Nondiscrimination Rules for Insured Plans</b>	Effective date depends on future guidance.
<b>Quality Care Reporting</b>	Effective date depends on future guidance.