

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 Provisions could be adjusted, re-interpreted and even repealed in the future.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

Summary of Benefits and Coverage	<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>
\$2 Million Annual Limit on Essential Health Benefits	Plan years beginning on or after September 23, 2012.
Women's Preventive Services	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.

2013

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

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

Employer Play or Pay	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.
No Annual Dollar Limits on Essential Health Benefits	Plan years beginning on or after January 1, 2014.
No Preexisting Condition Exclusions	Plan years beginning on or after January 1, 2014.

90-Day Limitation on Waiting Periods	Plan years beginning on or after January 1, 2014.
Tax on Plans to Fund Temporary Reinsurance Program	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.
Wellness Rewards	January 1, 2014. Employers will be permitted to vary premiums up to 30% (possibly increasing to 50%) for participation in wellness programs.
Exchanges	<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>
Federal Subsidies	January 1, 2014. Premium assistance tax credits and cost-sharing subsidies become available for those eligible through the Exchanges.
Coverage of Clinical Trials	Plan years beginning on or after January 1, 2014.
Individual Mandate	January 1, 2014

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

2015

Employer Reporting	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.
Plan and Insurer Reporting	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.
Exchanges	Beginning January 1, 2015, state-based exchanges must be self-sustaining. Exchanges may charge assessments or user fees.

2016

Exchanges	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

Exchanges	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

Tax on High-Cost Plans	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

Automatic Enrollment	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.
Nondiscrimination Rules for Insured Plans	Effective date depends on future guidance.
Quality Care Reporting	Effective date depends on future guidance.