

Health care reform checklist (up to 99)

For plan years starting on or after September 23, 2010

As the sponsor of a health plan, your customers are responsible for complying with many of the provisions of the Patient Protection and Affordable Care Act (PPACA) of 2010. Some provisions of the new federal health care reform law won't be in effect for several years, while others start for plan years beginning on or after September 23, 2010.

This checklist will help you determine whether or not the customer's health plan is in compliance with health care reform requirements that will take effect September 23 in three easy steps:

1. Determine when the health care reform provisions apply to the plan(s)
2. Determine grandfathering status
3. Determine which health care reform provisions apply to the plan(s)

1. Determine when the health care reform provisions apply to the plan(s)

The provisions on this checklist must be in place on the first day of the plan year that starts on or after September 23, 2010.

2. Determine grandfathering status

To find out which provisions need to be implemented for the next plan year(s), you need to know whether the plan is grandfathered. In general, a grandfathered plan is a plan that was in effect before March 23, 2010, and hasn't had certain changes since then.

We'll let you know if the plan(s) we offer are grandfathered. If a customer makes any changes that cause loss of grandfathered status, other than a benefit plan change, it must give us written notice. This requirement includes but is not limited to changing the employer premium contribution level.

Under the law, grandfathered status may apply separately to each benefit plan offered under a group health plan. However, we chose to recognize grandfathered status at the group level for plans with 2-99 eligible employees. Therefore, if the customer decides to offer one plan that is not grandfathered, all plan offerings will be not be grandfathered.

We'll let you know if the plan(s) we offer are grandfathered.



3. Determine which health care reform provisions apply to the plan(s)

Once you know whether the plan has grandfathered status, use this checklist to determine which of the provisions that are effective in 2010 apply.

Provision	Applies To	Yes	No
Dependent coverage through age 26 <ul style="list-style-type: none"> Allows for dependents to remain on their parent or guardian's health plan until age 26 (dependent age may be higher in some states) and expands the definition of a dependent Requires enrollment period for newly eligible dependents Also applies to specialty products such as vision, dental and pharmacy 	<input checked="" type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered		
Changes to dollar limits <ul style="list-style-type: none"> Eliminates annual dollar limits on covered services that may be considered "essential health benefits" by the U.S. Department of Health and Human Services (HHS) Eliminates lifetime dollar limits on covered services that may be considered "essential health benefits" by HHS Requires special enrollment for individuals who previously met annual or lifetime limits and are now eligible for benefits 	<input checked="" type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered		
Patient protections <ul style="list-style-type: none"> For plans that require a primary care provider (PCP), members must be able to designate any in-network provider as their PCP (including an OB-GYN for a woman or a pediatrician for a child) Eliminates referral and preauthorization requirements for in-network OB-GYNs and pediatricians 	<input checked="" type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered We're implementing this provision for all plans, even though it's only required for plans that aren't grandfathered		
No pre-existing condition limitations for children <ul style="list-style-type: none"> Prohibits pre-existing condition exclusions (including coverage denials and waiting periods) for children younger than 19 	<input checked="" type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered		
No member cost share for preventive care <ul style="list-style-type: none"> Requires health plans to provide coverage without cost-sharing for preventive services Expands preventive services list 	<input type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered		
Emergency room services <ul style="list-style-type: none"> Requires plans to cover in-network and out-of-network emergency room services Forbids preauthorization requirements for emergency room services, including out-of-network (post-treatment notification requirements are permitted) Out-of-network copayments and coinsurance cannot exceed in-network copayments and coinsurance 	<input checked="" type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered We're implementing this provision for all plans, even though it's only required for plans that aren't grandfathered		
Grievances and appeals <ul style="list-style-type: none"> Requires all plans to have an appeal process for coverage determinations and medical necessity decisions 	<input type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered		
No benefit differences by employee salary <ul style="list-style-type: none"> Prohibits employers from having different health benefits tied to employee salary levels Disallows eligibility rules (that is, total hourly or annual salary rules) that have the effect of discriminating in favor of highly compensated employees 	<input type="checkbox"/> Grandfathered <input checked="" type="checkbox"/> Non Grandfathered		

More tools and resources

Ask your sales or account representative about these additional resources:

- Small employer tax credit information – Details about tax credits available to small employers (no more than 25 employees and average annual wages of less than \$50,000) who provide health insurance for employees. Go to www.anthem.com/healthcarereform
- Early retiree reinsurance program information – Details about reimbursement available to employers who provide health insurance for retirees age 55 and older who aren't eligible for Medicare. Go to www.errp.gov