Current ACA Timeline for 2015 & Beyond

ACA is under constant review so provisions could be adjusted, reinterpreted and even repealed in the future. This is a snapshot as of December 10, 2014.

2015

Employer Play or Pay	January 1, 2015. Employers with 100 or more full-time employees (including full-time equivalents) are liable for penalty taxes if coverage is offered to fewer than 70% of full-time employees and non-spouse dependents or "unaffordable" coverage is offered and an employee receives a federal subsidy through an Exchange. Non-Calendar Year Plans that meet certain conditions have until the first day of the 2015 plan year to comply. For 2015, plus any calendar months of 2016 that fall within the employer's 2015 plan year, the penalty under section 4980H(a) is calculated by reducing the employer's number of full-time employees by 80.
Plan and Insurer Reporting	For coverage provided on or after January 1, 2015, reporting is required (first information returns due January 31, 2016). Sponsors of self-funded plans and health insurers must report individual coverage dates, the portion of the premium the individual must pay and more. Systems should be in place on January 1, 2015 to capture the appropriate data.
Exchanges	Beginning January 1, 2015, state-based exchanges must be self-sustaining. Exchanges may charge assessments or user fees. Shop Exchanges in Federally-run SHOP will become effective.
Tax on Plans to Fund (Temporary) Transitional Reinsurance Program	**Transitional Reinsurance Contributions** • The Department of Health and Human Services released a Final Rule on March 5, 2014 addressing the Transitional Reinsurance Program fees payable in the benefit years 2014-2016. • The affordable Care Act (ACA) requires self-funded group health plans to pay a

Tax on Plans to Fund (Temporary) Transitional Reinsurance Program Cont.	temporary per capita transitional reinsurance fee from 2014-2016. The fee is $63 for 2014 and $44 for 2015 per covered life. **Schedule Payments for Reinsurance Contributions:** Contributing entities must also schedule payments for calculated reinsurance contributions. There are two separate deadlines for submitting portions of the full annual reinsurance contribution amount: • First collection deadline is January 15, 2015 • Second collection deadline is November 15, 2015 • An entity that chooses to make a combined collection, must submit the contribution on January 15, 2015. **The Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form on Pay.gov requires the following:** • Basic company and contact information • Annual enrollment count • Upload supporting documentation (specific information on the annual enrollment count for each contribution entity represented on the form) • Payment information and payment date **Once enrolled: Payment is Initiated:** • Once the payee has enrolled into the account and uploaded the count, the payment form will auto-calculate the contribution amount. • An Automated Clearing House (ACH) process via pay.gov is the only vehicle being accepted for reinsurance contributions payment for the 2014 benefit year. • Note that HHS does not regulate who may submit the reinsurance contribution on behalf of the contributing entity. • The responsibility to make the reinsurance contribution lies with the contribution entity, and the decision to delegate the function of submitting the reinsurance

Tax on Plans to Fund (Temporary) Transitional Reinsurance Program Cont.	contribution is with the contribution entity. • A TPA or ASO contractor may perform this function if requires. A TPA's or ASO contractor's obligation to do so would be a function of the arrangement between the TPA or ASO contractor and the contributing entity and applicable state law.
Out of Pocket Maximums	Plan years beginning on or after January 1, 2015. Non-grandfathered group health plans may not impose cost-sharing amounts (i.e., copays or deductibles) that are more than the maximum allowed for high-deductible health plans (currently these limits are $6,600 for an individual and $13,200 for family coverage). HSA 2015 limit to maximum out-of pocket expenses is $6,450 for an individual and $12,900 for a family. After 2016, these amounts will be adjusted for health insurance premium inflation. For 2015 plan years, health plans with more than one service provider may divide the out-of-pocket maximum across multiple categories of benefits, rather than reconcile claims across multiple service providers, thus, health plans and issuers may structure a benefit design using separate out-of-pocket maximums for EHB, provided that the combined amount does not exceed the annual out-of-pocket maximum limit for that year. For example, a health plan's self-only coverage may have an out-of-pocket maximum of $5,000 for major medical coverage and$1,600 for pharmaceutical coverage, for a combined out-of-pocket maximum of $6,600.
Plan and Insurer Reporting	For coverage provided on or after January 1, 2015, reporting is required (first information returns due January 31, 2016). Sponsors of self-funded plans and health insurers must report individual coverage dates, the portion of the premium the individual must pay and more. Systems should be in place on January 1, 2015 to capture the appropriate data.

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2016

Employer Play or Pay	January 1, 2016. Employers with 50 or more full-time employees (including full-time equivalents) are liable for penalty taxes if coverage is offered to fewer than 95% of full-time employees and non-spouse dependents or "unaffordable" coverage is offered and an employee receives a federal subsidy through an Exchange. For employers with 50 to 99 employees with non-calendar year plans that qualified for the delay in 2015, no Play or Pay penalties will apply to calendar months during the 2015 plan year that fall in 2016. The rules take effect for these employers when the 2016 plan year begins.
Plan and Insurer Reporting	First information returns due January 31, 2016 (for coverage provided on or after January 1, 2015).
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.

2017

Exchanges	Beginning in 2017, State may elect to allow large group plans (100 or more) to be sold in the Exchanges.

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."

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.

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