



Implementation Timeline

The Affordable Care Act (ACA) aims to extend health insurance coverage to about 32 million uninsured Americans by expanding both private and public insurance. Implementation of ACA provisions began in 2010 and additional key insurance reforms will continue through 2018. Below is a timeline of the provisions of the ACA.

PREMIUMS

Provided grants to states to begin reviewing premium increases.

NEW PROGRAMS

Created several Consumer Operated and Oriented Plans (CO-OP), which are non-profit member-run health insurance companies

Created www.healthcare.gov, a consumer website to learn about health plans

2010

INSURANCE PLANS

Required to cover dependents up to the age of 26

Prohibited from imposing lifetime benefit limits

Prohibited from denying coverage for children with pre-existing conditions

Required to offer preventive health services, such as women screenings and immunizations, without any cost sharing

INSURANCE PLANS

Required to spend at least 80% or 85% of premium dollars on medical care (medical loss ratio)

EXCHANGES

Provided grants to state to establish state exchanges

NEW PROGRAMS

Created the Center for Medicare and Medicaid Innovation, a branch that test new payment and delivery system models

2011

MEDICARE:

Eliminated cost-sharing for Medicare-covered preventive services, including annual wellness visits and cervical cancer screenings

Required pharmaceutical manufacturers to provide a 50% discount on brand-name prescriptions filled in the Medicare Part D coverage gap

Reduced the Medicare Part D premium subsidy for those with incomes above \$85,000 for an individual and \$170,000 for a couple.

INSURANCE PLANS

Must provide a summary of benefits and coverage to all applicants and enrollees

2012

INDUSTRY TAXES

Required the pharmaceutical manufacturing section to pay new annual fees: \$2.8 billion in 2012-2013; \$3.0 billion in 2014-2016; \$4.0 billion in 2017; \$4.1 billion in 2018; and \$2.8 billion in 2019 and later.

2013

EXCHANGE

Required states to indicate to the Secretary of Department of Health and Human Resources whether they will be operating an exchange, partnering with the federal government, or defaulting to a federally operated exchange

Scheduled open enrollment for exchanges to begin on October 1, 2013

INSURANCE PLANS

Prohibited annual limits on insurance coverage

Required guarantee issue and renewability of health insurance regardless of health status

Required most plans to cover "essential health benefits"

Prohibited discrimination due to pre-existing conditions or gender

2014

MEDICAID

Provided an option for states to expand Medicaid coverage to all individuals not eligible for Medicare and have an income up to 138% Federal poverty line

INDIVIDUAL MANDATE

Required individuals to purchase health insurance or face a tax penalty

EXCHANGES

Opened state exchanges to individuals and small businesses on January 1, 2014

Provided subsidies to individuals and families with incomes between 100% and 400% of the federal poverty level who do not receive employer based coverage

INDUSTRY TAXES

Required the health insurance sector to pay new annual fees: \$8 billion in 2014; \$11.3 billion in 2015-2016; \$13.9 billion in 2017; \$14.3 billion in 2018

2015

EMPLOYER MANDATE

Required large employers of more than 50 employees to offer health insurance coverage to full time employees or face a tax penalty

2017

EXCHANGE

Provided an option for large businesses with more than 100 employees to purchase coverage in exchanges

2018

INDUSTRY TAXES

Imposed an 40-percent excise tax on insurance companies who offer employer-sponsored health plans with aggregate expenses that exceed \$10,200 for individual coverage and \$27,500 for family coverage

