

Group Health Plan Reforms Applicable Only to Non-Grandfathered Plans

Set out below is a list of the more significant group health plan reforms that apply only to non-grandfathered health programs (generally, new group health plans established after March 23, 2010 and any grandfathered plan options that subsequently lose grandfathered status).

The following reforms apply for plan years beginning on or after September 23, 2010* --

<i>Adult child coverage</i>	<p>A non-grandfathered plan/option must offer dependent coverage to <u>all</u> adult children of eligible employees-- <u>even if</u> they are eligible for other employer-provided group health coverage -- up to age 26</p> <p><u>Note:</u> This is only relevant prior to 2014 as the grandfathered exception for children eligible for other GHP coverage goes away in 2014.</p>
<i>Preventive Care</i>	<p>A non-grandfathered plan/option must provide, <i>without any cost sharing</i>, certain preventive care, including well-child care, certain immunizations/screenings and other items provided in government guidance. (A <i>partial list of the covered screenings, counseling, vaccines and other items is attached</i>)</p>
<i>Patient Protections for In-Network Coverage</i>	<p>A non-grandfathered plan/option with any in-network coverage --</p> <ul style="list-style-type: none"> • must permit participants and their dependents to select any participating doctor as their primary care physician (including, in the case of a child, a pediatrician), • may <u>not</u> require advance authorization or impose increased cost sharing for out-of-network emergency services, and • must provide direct access to obstetrical and gynecological care without a referral
<i>Expanded Claims Review Process</i>	<p>A non-grandfathered plan/option must, for coverage determinations and claims, do the following --</p> <ul style="list-style-type: none"> • Establish an <u>internal</u> claims review process that complies with ERISA claims process rules, • Establish an <u>external</u> claims review process that, for an insured plan, complies with applicable state rules, and, for a self-insured plan, meets federal standards, and • Allow claimants to <u>maintain</u> their coverage during the claims process.

*For example, these requirements would first become effective in 2011 for a calendar year program.

<i>Expansion of Nondiscrimination Rules</i>	The long-standing rules under which self-insured health plans are generally barred from providing coverage or benefits that favor high-paid employees are extended to <u>insured</u> non-grandfathered plans/options. Failures to comply will generally be subject to a \$100/day per participant excise tax.
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The following reforms apply for plan years beginning on or after January 1, 2014 --

<i>Cost Sharing</i>	<p>The annual <i>Out-of-pocket limits</i> under a non-grandfathered plan/option cannot exceed the corresponding high deductible health plan (HDHP) limits for the year (as adjusted for inflation): For 2010, the applicable HDHP limits are \$5,950 for individual coverage and \$11,900 for family coverage.</p> <p>In addition, the annual <i>deductibles</i> under a non-grandfathered plan/option in the <u>small group market</u> (100 or fewer employees) cannot exceed \$2,000 for individual coverage and \$4,000 for family coverage (as adjusted under the law)</p>
<i>Wellness Rules</i>	The maximum permissible wellness incentive percentage for non-grandfathered plans/options increases from 20% to 30% (with HHS having the discretion to increase it to as much as 50%)
<i>Clinical Trials</i>	A non-grandfathered plan/option generally must provide coverage in certain circumstances for participation in clinic trials involving the treatment of cancer or other life threatening disease or condition.
<i>Discrimination as to Health Care Providers</i>	In general, a non-grandfathered plan/option cannot discriminate against providers acting within the scope of their license and state law (but this does not obligate the program to contract with an otherwise willing provider)

ATTACHMENT

Preventive Services Subject to Group Health Plan Requirements for Preventive Care

Screenings For --

- Breast cancer
- Cervical cancer
- Colorectal cancer
- Heart, vascular, and respiratory diseases
- High blood pressure
- Lipid disorders in adults
- Asymptomatic bacteriuria
- Chlamydial infection
- Gonorrhea
- Hepatitis B virus infection
- Syphilis infection
- Adult depression
- HIV
- Iron deficiency anemia
- Adult obesity
- Adult type 2 diabetes
- Osteoporosis in postmenopausal women
- Rh (D) incompatibility
- Congenital hypothyroidism
- Visual impairment in children under 5 years
- Sickle cell disease
- Phenylketonuria
- Newborn hearing loss

Counseling/Other --

- Behavioral counseling to prevent sexually transmitted infections
- Genetic risk assessment and BRCA mutation testing for breast and ovarian cancer susceptibility

- Screening/behavioral counseling interventions in primary care to reduce alcohol misuse
- Counseling to prevent tobacco use and tobacco-caused disease
- Behavioral counseling in primary care to promote a healthy diet
- Primary care interventions to promote breastfeeding
- Prevention of dental caries in preschool children
- Screening/treatment for major depressive disorder in children and adolescents

Immunizations --

Vaccine/Dose no.
Hepatitis B (HepB)-1
HepB-2
HepB-3
Diphtheria-tetanus-acellular pertussis (DTaP)-1
DTaP-2
DTaP-3
DTaP-4
DTaP-5
Haemophilus influenzae type b (Hib)-1
Hib-2
Hib-3
Hib-4
Inactivated poliovirus (IPV)-1
IPV-2
IPV-3
IPV-4
Pneumococcal conjugate (PCV)-1
PCV-2
PCV-3
PCV-4
Measles-mumps-rubella (MMR)-1
MMR-2
Varicella (Var)-1
Var-2
Hepatitis A (HepA)-1
HepA-2
Influenza inactivated
Influenza live attenuated
Meningococcal conjugate
Meningococcal polysaccharide (MPSV)-1
MPSV-2
Tetanus-diphtheria

Vaccine/Dose no.
Tetanus-diphtheria acellular pertussis (Tdap)
Pneumococcal polysaccharide (PPV)-1
PPV-2
Human papillomavirus (HPV)-1
HPV-2
HPV-3
Rotavirus (RV)-1
RV-2
RV-3
Zoster