

Key Health Care Reform Provisions



BlueCross BlueShield of South Carolina and
BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

	Provision	Effective Date (1)	Individual Grandfathered Policies	Individual Non-Grandfathered Policies	Small Group Grandfathered Plans (2)	Small Group Non-Grandfathered Plans (2)	Large Group Grandfathered Plans (2)	Large Group Non-Grandfathered Plans (2)
Near Term Market Changes	No pre-existing conditions exclusion for children	9/23/10	NA	Y	Y	Y	Y	Y
	Dependent coverage to age 26	9/23/10	Y	Y	Y	Y	Y	Y
	No rescissions	9/23/10	Y	Y	Y	Y	Y	Y
	No discrimination in favor of highly compensated (eligibility benefits)	9/23/10	NA	NA	NA	Y	NA	Y
	Reinsurance for early retirees	6/21/10 1/1/14 – sunsets	NA	NA	Y	Y	Y	Y
	Rate review	2010 plan year	NA	Y	NA	Insured plans	Insured plans	Insured plans
	Medical loss ratios	Reporting: 9/23/2010 Rebates: 1/1/2011	Y	Y	Insured plans	Insured plans	Insured plans	Insured plans
Appeals and Patient Access	Internal and external appeals	9/23/10	NA	Y	NA	Y	NA	Y
	Emergency services	9/23/10	NA	Y	NA	Y	NA	Y
	Primary care physician/pediatrician choice	9/23/10	NA	Y	NA	Y	NA	Y
	OB/GYN access	9/23/10	NA	Y	NA	Y	NA	Y
Benefit Requirements	Lifetime dollar limits	9/23/10	Y	Y	Y	Y	Y	Y
	Annual dollar limits	Restricted: 9/23/10 Prohibited: 2014 plan year	NA	Y	Y	Y	Y	Y
	Preventive services with no cost-sharing	9/23/10	NA	Y	NA	Y	NA	Y
	Clinical trials coverage	2014 plan year	NA	Y	NA	Y	NA	Y
	Essential benefits: hospitalization, ambulatory services, emergency services, maternity, mental health, Rx drugs, specified other services	Exchange 1/1/2014 outside: 2014 plan year	NA	Y	NA	Y	NA	Y
	Annual out-of-pocket maximum (limited to HDHP levels)	Exchange 1/1/2014 outside: 2014 plan year	NA	Y	NA	Y	NA	Y
	Deductible limits at \$2,000/\$4,000 (single/family)	Exchange 1/1/2014 outside: 2014 plan year	NA	NA	NA	Y	NA	NA
	Specified actuarial value requirements	Exchange 1/1/2014 outside: 2014 plan year	NA	Y	NA	Y	NA	NA
Continued application of state benefit mandates	NA	Y	Y	Y	Insured plans	Y	Insured plans	
Consumer Information and Disclosure	Coverage cost-sharing transparency and disclosure requirements	9/23/10	NA	Y	NA	Y	NA	Y
	Uniform summaries of benefits/coverage	24 months after enactment (3/24/2010)	Y	Y	Y	Y	Y	Y
	Notice of mid-year changes	24 months after enactment (3/24/2010)	Y	Y	Y	Y	Y	Y
	Quality reporting requirements	HHS to issue requirements before 3/23/2012	NA	Y	NA	Y	NA	Y
2014 Market Changes	Guaranteed issue	2014 plan year	NA	Y	Prior requirement for insured plans	Insured plans	NA	Insured plans
	Modified community rating	2014 plan year	NA	Y	NA	Insured plans	NA	Insured plans
	No pre-existing conditions exclusion period	2014 plan year	NA	Y	Y	Y	Y	Y
	No waiting period > 90 days	2014 plan year	NA	NA	Y	Y	Y	Y
	Nondiscrimination based on health status (eligibility)	2014 plan year	NA	Y	Prior requirement	Y	Prior requirement	Y
	Transitional reinsurance	Plan years 2014–2016	NA	Y	NA	NA	NA	NA
	Risk corridors	Calendar years 2014–2016	NA	Qualified health plans	NA	Qualified health plans	NA	NA
	Risk adjustment	1/1/14	NA	Y	NA	Insured plans	NA	NA
Interstate sales compacts	1/1/16	NA	Y	NA	NA	NA	NA	

(1) Plan years beginning on or after the date shown.
(2) Unless otherwise noted, applies to insured and self-funded groups.

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