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Communicating the Patient Protection and Affordable Care Act

In December's newsletter we talked about the communication challenges plan sponsors will face should health care reform measures be adopted. As it turns out, it seems we understated the challenge.

Not all aspects of the Patient Protection and Affordable Care Act as currently legislated will be effective immediately. Phase-in is scheduled to be completed in 2018, but according to the Department of Labor's Web site **28 changes are scheduled to go into effect in 2010**. Some of these will not affect employers directly, but many will.

Here are the changes we've identified as directly affecting employers this year, most of which will require employee communication. For a complete synopsis of all changes scheduled to occur between now and 2018 as prepared by the Committees On Ways and Means, Energy and Commerce, and Education and Labor, click [here](#).

2010 Implementation Timeline

- **Immediate Access to Insurance for Uninsured Individuals with a Pre-Existing Condition.** Provides eligible individuals access to coverage that does not impose any coverage exclusions for pre-existing health conditions. This provision ends when Exchanges are operational.
- **Small Business Tax Credit.** Initiates the first phase of the small business tax credit for qualified small employers for contributions to purchase health insurance for employees. The credit is up to 35 percent of the employer's contribution to provide health insurance for employees. There is also up to a 25 percent credit for small nonprofit organizations.
- **Eliminating Pre-Existing Condition Exclusions for Children.** Bars health insurance companies from imposing pre-existing condition exclusions on children's coverage.
- **Eliminating Lifetime Limits and Restricting Use of Annual Limits.** Prohibits lifetime limits on benefits in all group health plans and in the individual market and prohibits the use of restrictive annual limits.
- **Covering Preventive Health Services.** All new group health plans and plans in the individual market must provide first dollar coverage for preventive services.

2010 Implementation Timeline, cont'd...

- **Extending Dependent Coverage.** Requires any group health plan or plan in the individual market that provides dependent coverage for children to continue to make that coverage available up to age 26.
- **Bringing Down the Cost of Health Care Coverage.** Health plans, including grandfathered plans, must annually report on the share of premium dollars spent on medical care and provide consumer rebates for excessive medical loss ratios.
- **Reducing the Cost of Covering Early Retirees.** Creates a new temporary reinsurance program to help companies that provide early retiree health benefits for those ages 55-64 offset the expensive cost of that coverage.
- **Improving Consumer Assistance.** Requires that any new group health plan or new plan in the individual market implement an effective appeals process for coverage determinations and claims.

While we all have much to learn about the impact this piece of legislation will have on benefit plans and how best to communicate the impending changes, we are committed to partnering with you to provide the communication tools that meet the needs of you and your employees.

BeneCom has over 17 years of experience helping employers communicate with their employees. Let us help you develop a strategy and tactics that will help you successfully communicate with your employees in a way that educates, increases satisfaction and engages employees in a cost-effective fashion. **BeneCom Associates offers effective benefit communication strategies for every budget.**

To learn more about us call **860.674.2626** or visit us [online](#).