

**Patient Protection and Affordable Care Act/Health Care and Education Reconciliation Act of 2010  
Reference Guide for Employers**

Prepared by: Gregory P. Kult, Partner, Wooden & McLaughlin, LLP, Indianapolis, Indiana, (317) 639-6151, [gkult@woodmclaw.com](mailto:gkult@woodmclaw.com)

Effective Date	Issue	Impact on Large Employer (More than 100 employees unless otherwise noted)	Impact on Small Employer (Fewer than 101 employees unless otherwise noted)
Upon U.S. Department of Labor issuing regulations	Automatic Enrollment of Employees (PPACA 1511-18(A))	FLSA amended to provide for automatic enrollment in health plan of all new full time employees and continuation of coverage for current employees. Notice of enrollment and right to opt out must be provided.  Only applies to employers with more than 200 FTEs.	Not Applicable
2010	Tax Credit (PPACA 1421-45R, as amended by PPACA 10105)	Not Applicable	Employers with (i) fewer than 26 FTEs [total number of hours of service for which wages were paid divided by 2080 (hours worked by an employee in excess of 2080 are not counted)] with average annual wages not exceeding specified level, and (ii) who contribute at least 50% of the premium for a qualified health plan for employees, are eligible for a tax credit. Beginning 2014, the qualified health plan must be provided through an Exchange.

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3/23/2010	Grants (PPACA 1002-2793)	Grants for states to handle complaints regarding coverage, assist enrollees with appeals process, and assist enrollees with other questions.	Grants for states to handle complaints regarding coverage, assist enrollees with appeals process, and assist enrollees with other questions.
3/23/2010	Review of Premiums (PPACA 1003-2794, as amended by PPACA 10101)	DHHS/States to review premium increases and require health insurance issuers to justify “unreasonable” increases before they are implemented.  Not applicable to plans in existence as of 3/23/2010	DHHS/States to review premium increases and require health insurance issuers to justify “unreasonable” increases before they are implemented.  Not applicable to plans in existence as of 3/23/2010
3/23/2010	Grandfathered Plans (PPACA 1251, as amended by PPACA 10103 and HCERA 2301)	Nothing requires individual to change plan currently in effect.  With respect to plan in which an individual is enrolled 3/23/2010 and which is renewed after such date, family members of the individual shall be permitted to enroll in such plan if enrollment is permitted under the terms of the plan in effect as of 3/23/2010.	Nothing requires individual to change plan currently in effect.  With respect to plan in which an individual is enrolled 3/23/2010 and which is renewed after such date, family members of the individual shall be permitted to enroll in such plan if enrollment is permitted under the terms of the plan in effect as of 3/23/2010.
3/23/2010	Non-Discrimination (PPACA 1557)	Plans receiving federal financial assistance must comply with the non-discrimination requirements of	Plans receiving federal financial assistance must comply with the non-discrimination requirements of

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		Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000(d) <i>et seq.</i> ), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 <i>et seq.</i> ), the Age Discrimination Act of 1975 (45 U.S.C. § 6101 <i>et seq.</i> ), and/or § 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794).	Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000(d) <i>et seq.</i> ), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 <i>et seq.</i> ), the Age Discrimination Act of 1975 (45 U.S.C. § 6101 <i>et seq.</i> ), and/or § 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794).
3/23/2010	Non-Retaliation (PPACA 1558-18(C))	The FLSA is amended by prohibiting discharge or discrimination against any employee because the employee received a tax credit; provided/is about to provide the employer, federal government, or attorney general information relating to a violation of Title I of the PPACA; testified or is about to testify in a proceeding; assisted or participated or is about to assist or participate in a proceeding; or objected to or refused to participate in a practice that the employee reasonably believes to be in violation of any provision of Title I of the PPACA. The complaint procedure will follow 15 U.S.C. § 2087(b).	The FLSA is amended by prohibiting discharge or discrimination against any employee because the employee received a tax credit; provided/is about to provide the employer, federal government, or attorney general information relating to a violation of Title I of the PPACA; testified or is about to testify in a proceeding; assisted or participated or is about to assist or participate in a proceeding; or objected to or refused to participate in a practice that the employee reasonably believes to be in violation of any provision of Title I of the PPACA. The complaint procedure will follow 15 U.S.C. § 2087(b).

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3/23/2010	Breaks for Nursing Mothers (PPACA 4207)	<p>The FLSA is amended to require covered employers to provide reasonable breaks and a location for nursing mothers to nurse for one year from child's birth.</p> <p>NOTE: Indiana Code sections 5-10-6-2 (applicable to the State of Indiana and its political subdivisions) and 22-2-14 (applicable to Indiana employers with at least 25 employees) provide additional requirements for covered employers.</p>	<p>The FLSA is amended to require covered employers to provide reasonable breaks and a location for nursing mothers to nurse for one year from child's birth.</p> <p>Employers with fewer than 50 employees need not comply with FLSA amendments if prove undue hardship.</p> <p>NOTE: Indiana Code sections 5-10-6-2 (applicable to the State of Indiana and its political subdivisions) and 22-2-14 (applicable to Indiana employers with at least 25 employees) provide additional requirements for covered employers.</p>
Regulations expected by 6/21/2010	High Risk Pool (PPACA 1101)	<p>Establishment of temporary high risk health insurance program for uninsured individuals with pre-existing conditions.</p> <p>Ends January 1, 2014.</p> <p>Insurers and employers may</p>	<p>Establishment of temporary high risk health insurance program for uninsured individuals with pre-existing conditions.</p> <p>Ends January 1, 2014.</p> <p>Insurers and employers may</p>

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		not encourage individuals to drop their current coverage to go into the high risk pool.	not encourage individuals to drop their current coverage to go into the high risk pool.
Regulations expected by 6/21/2010	Reinsurance for Early Retirees (PPACA 1102, as amended by PPACA 10102)	There will be a re-insurance program to reimburse employers for some of the costs they incur in providing insurance coverage to early retirees and their spouses, surviving spouses, and dependents.  Ends January 1, 2014.	There will be a re-insurance program to reimburse employers for some of the costs they incur in providing insurance coverage to early retirees and their spouses, surviving spouses, and dependents.  Ends January 1, 2014.
Plan Years beginning on or after 9/23/2010	Lifetime Limits (PPACA 1001-2711, as amended by PPACA 10101 and HCERA 2301)	No lifetime limits, except for per-beneficiary limits on benefits that are not “essential health benefits.”	No lifetime limits, except for per-beneficiary limits on benefits that are not “essential health benefits.”
Plan Years beginning on or after 9/23/2010 and prior to 1/1/2014	Annual Limits (PPACA 1001-2711, as amended by PPACA 10101 and HCERA 2301)	Only “restricted annual limits,” [to be defined] except for per-beneficiary limits on benefits that are not “essential health benefits.”	Only “restricted annual limits,” [to be defined] except for per-beneficiary limits on benefits that are not “essential health benefits.”
Plan Years beginning on or after 9/23/2010	Cancelling Coverage (PPACA 1001-2712)	May not cancel coverage except for fraud or intentional misrepresentation.	May not cancel coverage except for fraud or intentional misrepresentation.
Plan Years beginning on or after 9/23/2010	Preventive Care (PPACA 1001-2713)	Plans must cover specified types of preventive care and immunizations with no cost sharing. Not applicable to plans in existence as of 3/23/2010.	Plans must cover specified types of preventive care and immunizations with no cost sharing. Not applicable to plans in existence as of 3/23/2010.

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Plan Years beginning on or after 9/23/2010	Dependent Coverage (PPACA 1001-2714, as amended by HCERA 2301)	Plans providing dependent coverage of children must make coverage available until the child turns 26 years old.  Group plans in existence as of 3/23/2010 enjoy a temporary, limited exception until plan years beginning on or after 1/1/2014, but only if the adult child is not eligible to enroll in another eligible employer-sponsored health plan.	Plans providing dependent coverage of children must make coverage available until the child turns 26 years old.  Group plans in existence as of 3/23/2010 enjoy a temporary, limited exception until plan years beginning on or after 1/1/2014, but only if the adult child is not eligible to enroll in another eligible employer-sponsored health plan.
Plan Years beginning on or after 9/23/2010	Discrimination Based on Compensation (PPACA 1001-2716, as amended by PPACA 10101)	Group health plans may not discriminate in favor of higher wage employees.  Not applicable to self-insured group health plans.  Not applicable to plans in existence as of 3/23/2010.	Group health plans may not discriminate in favor of higher wage employees.  Not applicable to self-insured group health plans.  Not applicable to plans in existence as of 3/23/2010.
Plan years beginning on or after 9/23/2010	Pre-Existing Conditions (PPACA 1201-2704, as amended by PPACA 10103 and HCERA 2301)	No pre-existing condition exclusions for enrollees under 19 years of age.	No pre-existing condition exclusions for enrollees under 19 years of age.
Plan Years beginning on or after 9/23/2010	Appeals (PPACA 1001-2719, as amended by PPACA 10101)	Group health plans must implement a required appeals process.	Group health plans must implement a required appeals process.

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		<p>The process must give enrollees access to their files.</p> <p>Not applicable to plans in existence as of 3/23/2010.</p>	<p>The process must give enrollees access to their files.</p> <p>Not applicable to plans in existence as of 3/23/2010.</p>
Plan Years beginning on or after 9/23/2010	Patient Protections (PPACA 10101-2719A)	<p>If a plan requires or provides for designation of a participating primary care provider, then the plan shall permit each participant, beneficiary, and enrollee to designate any participating primary care provider who is available to accept such individual.</p> <p>If a group health plan covers emergency and/or OB-GYN care, it must comply with several requirements, including that there be no requirement of advance authorization for such care and, for emergency care, that there be restrictions on assessing additional costs for using an out-of-network provider.</p> <p>Not applicable to plans in existence as of 3/23/2010.</p>	<p>If a plan requires or provides for designation of a participating primary care provider, then the plan shall permit each participant, beneficiary, and enrollee to designate any participating primary care provider who is available to accept such individual.</p> <p>If a group health plan covers emergency and/or OB-GYN care, it must comply with several requirements, including that there be no requirement of advance authorization for such care and, for emergency care, that there be restrictions on assessing additional costs for using an out-of-network provider.</p> <p>Not applicable to plans in existence as of 3/23/2010.</p>

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By 1/1/2011	Premium Rebate (PPACA 1001-2718 and PPACA 9016, as amended by PPACA 10101)	Health insurance issuers must provide reports to DHHS concerning loss ratios and expenditures of premium revenue on specified items. Enrollees are eligible for premium rebates if the ratio of premium revenue spent on specified costs does not satisfy targets (85%, or higher percent determined by state).  Not applicable to self-insured group health plans.	Health insurance issuers must provide reports to DHHS concerning loss ratios and expenditures of premium revenue on specified items. Enrollees are eligible for premium rebates if the ratio of premium revenue spent on specified costs does not satisfy targets (80%, or higher percent determined by state).  Not applicable to self-insured group health plans.
2011	Community Living Assistance Services and Supports (“CLASS”) Act (PPACA 8002-3204)	Employers may automatically enroll employees in a government-run long term care insurance program. Employee must have the right to opt out. Premiums may be paid via payroll deduction.	Employers may automatically enroll employees in a government-run long term care insurance program. Employee must have the right to opt out. Premiums may be paid via payroll deduction.
2011	Wellness Program Grants (PPACA 10408)	Not Applicable	Employers (i) with fewer than 100 employees, who work at least 25 hours per week and (ii) who do not have a wellness program as of 3/23/2010, are eligible to apply for a grant to establish a wellness program. This is a five year grant program.



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Tax Years beginning on or after 1/1/2011	Employer-Provided Health Insurance on W-2 (PPACA 9002)	The value of employer- provided health insurance must be included on the W-2.	The value of employer- provided health insurance must be included on the W-2.
Tax Years beginning on or after 1/1/2011	Over-the-Counter Drugs (PPACA 9003)	Only prescribed drugs and insulin will be covered by HSAs, MSAs, HRAs and Health Flexible Spending Arrangements.	Only prescribed drugs and insulin will be covered by HSAs, MSAs, HRAs and Health Flexible Spending Arrangements.
Tax Years beginning on or after 1/1/2011	HSAs and MSAs (PPACA 9004)	Taxes on distributions from HSAs and MSAs that are not used for qualified medical expenses will increase to 20%.	Taxes on distributions from HSAs and MSAs that are not used for qualified medical expenses will increase to 20%.
Tax Years beginning on or after 1/1/2011	Cafeteria Plans (PPACA 9022)	Not Applicable	Simple cafeteria plans for small businesses (employed an average of 100 or fewer employees on business days during either of the 2 preceding years) may be established. Certain participation and minimum contribution requirements must be met.
By 3/23/2012	Explanation of Coverage (PPACA 1001-2715, as amended by PPACA 10101)	Must provide applicants, enrollees, policyholders and certificate-holders with summaries of coverage that contain uniform definitions [to be established by DHHS].  Notice of material modifications must be provided	Must provide applicants, enrollees, policyholders and certificate-holders with summaries of coverage that contain uniform definitions [to be established by DHHS].  Notice of material modifications must be provided

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		to enrollees at least 60 days before they take effect.  Penalty for willful violation is up to \$1000 per enrollee.	to enrollees at least 60 days before they take effect.  Penalty for willful violation is up to \$1000 per enrollee.
By 3/23/2012	Quality of Care Reports (PPACA 1001-2717, as amended by PPACA 10101)	DHHS will establish requirements for reports by group health plans to DHHS and enrollees that are intended to help improve quality of care.  Wellness programs will not be permitted to require disclosure of the presence of lawfully possessed firearms or ammunition on an individual's property, or the lawful use, possession or storage of firearms or ammunition by an individual.  Not applicable to plans in existence as of 3/23/2010.	DHHS will establish requirements for reports by group health plans to DHHS and enrollees that are intended to help improve quality of care.  Wellness programs will not be permitted to require disclosure of the presence of lawfully possessed firearms or ammunition on an individual's property, or the lawful use, possession or storage of firearms or ammunition by an individual.  Not applicable to plans in existence as of 3/23/2010.
Policy Years ending after 9/30/2012	Mandatory Fee (PPACA 6301-4375)	Accident and health insurance policies are subject to annual fee of \$2 per covered life (\$1 for policy years ending in FY 2013), subject to adjustment. Fee will not apply to policy years ending after 9/30/2019.	Accident and health insurance policies are subject to annual fee of \$2 per covered life (\$1 for policy years ending in FY 2013), subject to adjustment. Fee will not apply to policy years ending after 9/30/2019.

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1/1/2013	Tax on High Earners (PPACA 9015, as amended by PPACA 10906 and HCERA 1402-1411)	Imposes hospital insurance tax of 0.9% on wages or self-employment income of individual above \$250,000 (joint filers), \$125,000 (married filing separately), or \$200,000 (all others); and 3.8% on the lesser of net investment income or the excess of modified AGI over the threshold amount (\$250,000 (joint), \$125,000 (married filing separately), \$200,000 (all others)).	Imposes hospital insurance tax of 0.9% on wages or self-employment income of individual above \$250,000 (joint filers), \$125,000 (married filing separately), or \$200,000 (all others); and 3.8% on the lesser of net investment income or the excess of modified AGI over the threshold amount (\$250,000 (joint), \$125,000 (married filing separately), \$200,000 (all others)).
1/1/2013	Health Flexible Spending Arrangement (PPACA 9005, amended by PPACA 10902 and HCERA 1403)	If a benefit is provided under a cafeteria plan through employer contributions to a health flexible spending arrangement, such benefit shall not be treated as a qualified benefit unless the cafeteria plan provides that an employee may not elect for any taxable year to have salary reduction contributions in excess of \$2,500 [subject to adjustment] made to such arrangement.	If a benefit is provided under a cafeteria plan through employer contributions to a health flexible spending arrangement, such benefit shall not be treated as a qualified benefit unless the cafeteria plan provides that an employee may not elect for any taxable year to have salary reduction contributions in excess of \$2,500 [subject to adjustment] made to such arrangement.
Taxable Years on or after 1/1/2013	Health Insurer Executive Salaries (PPACA 9014)	Limits health insurers' ability to take a deduction for compensation paid to individual employees (includes	Limits health insurers' ability to take a deduction for compensation paid to individual employees (includes

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		compensation for services provided since 1/1/2010).	compensation for services provided since 1/1/2010).
3/1/2013	Notice to Employees (PPACA 1512-18(B), as amended by PPACA 10108)	FLSA amendment—Employers must inform employees: (1) about the Exchange (including a description of services and how the employee may contact the Exchange to request assistance); (2) if the employer plan’s share of the total allowed costs of benefits provided under the plan is less than 60% of such costs, that the employee may be eligible for a premium tax credit and a cost sharing reduction if the employee purchases a qualified health plan through the Exchange; and (3) if the employee purchases a qualified health plan through the Exchange and the employer does not offer a Free Choice Voucher, the employee may lose the employer contribution (if any) to any health benefits plan offered by the employer and that all or a portion of such contribution may be excludable from income for Federal income tax purposes.	FLSA amendment—Employers must inform employees: (1) about the Exchange (including a description of services and how the employee may contact the Exchange to request assistance); (2) if the employer plan’s share of the total allowed costs of benefits provided under the plan is less than 60% of such costs, that the employee may be eligible for a premium tax credit and a cost sharing reduction if the employee purchases a qualified health plan through the Exchange; and (3) if the employee purchases a qualified health plan through the Exchange and the employer does not offer a Free Choice Voucher, the employee may lose the employer contribution (if any) to any health benefits plan offered by the employer and that all or a portion of such contribution may be excludable from income for Federal income tax purposes.

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By 1/1/2014	Electronic Transactions (PPACA 1104)	Health plans must provide DHHS with a statement certifying that their data and information systems are in compliance with the applicable standards for electronic funds transfers, eligibility for a health plan, health claim status, and health care payment and remittance advice.	Health plans must provide DHHS with a statement certifying that their data and information systems are in compliance with the applicable standards for electronic funds transfers, eligibility for a health plan, health claim status, and health care payment and remittance advice.
1/1/2014	Free Choice Vouchers (PPACA 10108)	Any employer who offers minimum essential coverage to its employees through an eligible employer-sponsored Plan and pays any portion of the costs of such plan must offer its qualified employees a Free Choice Voucher, in the amount the employer would have paid if the employee participated in the employer's plan, that the employee may use in the Exchange.	Any employer who offers minimum essential coverage to its employees through an eligible employer-sponsored Plan and pays any portion of the costs of such plan must offer its qualified employees a Free Choice Voucher, in the amount the employer would have paid if the employee participated in the employer's plan, that the employee may use in the Exchange.
1/1/2014	Exchange (PPACA 1301, as amended by PPACA 10104)	Not available to large group market until 2017	State shall establish an American Health Benefit Exchange ("Exchange") that facilitates the purchase of qualified health plans and provides for the establishment of a Small Business Health

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			Options Program (“SHOP Exchange”) that is designed to assist qualified employers who are small employers in facilitating the enrollment of their employees in qualified health plans offered in the small group market.
1/1/2014	Cafeteria Plan (PPACA 1515)	Not available to large group market until 2017	Qualified group health plan offered by qualified employer through Exchange may be subject to cafeteria plan.
Plan Years beginning on or after 1/1/2014	Mandatory Payment (PPACA 1341, as amended by PPACA 10104)	Health insurance issuers and TPAs on behalf of group health plans must pay a specified amount to the State reinsurance program for plan years between 1/1/2014 and 12/31/2016. The money will be used to cover certain high risk individuals in the individual market.	Health insurance issuers and TPAs on behalf of group health plans must pay a specified amount to the State reinsurance program for plan years between 1/1/2014 and 12/31/2016. The money will be used to cover certain high risk individuals in the individual market.
Plan Years beginning on or after 1/1/2014	Discriminatory Premium Rates (PPACA 1201-2701)	Not applicable	Limitations on factors that may be considered in setting rates.
Plan Years beginning on or after 1/1/2014	Pre-Existing Condition Exclusions (PPACA 1201-2704, as amended by PPACA 10103 and HCERA 2301)	No pre-existing condition exclusions.	No pre-existing condition exclusions.
Plan Years beginning on or after 1/1/2014	Guaranteed Coverage (PPACA 1201-2702)	Insurers must accept all employers/individuals who apply.	Insurers must accept all employers/individuals who apply.

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		Not applicable to plans in existence as of 3/23/2010.	Not applicable to plans in existence as of 3/23/2010.
Plan Years beginning on or after 1/1/2014	Guaranteed Renewal (PPACA 1201-2703)	Must renew at employer's/individual's option.  Not applicable to plans in existence as of 3/23/2010.	Must renew at employer's/individual's option.  Not applicable to plans in existence as of 3/23/2010.
Plan Years beginning on or after 1/1/2014	Annual Limits (PPACA 1001-2711, as amended by PPACA 10101 and HCERA 2301)	No annual limits, except for per-beneficiary limits on benefits that are not "essential health benefits."	No annual limits, except for per-beneficiary limits on benefits that are not "essential health benefits."
Plan Years beginning on or after 1/1/2014	Cost-Sharing (PPACA 1302)	Group health plans must limit cost-sharing to specified levels.	Group health plans must limit cost-sharing to specified levels.
Plan Years beginning on or after 1/1/2014	Wellness Programs (PPACA 1201-2705)	If health status is a factor in a reward, the reward may be up to 30% of the cost of coverage (current HIPAA rule is 20%).  Not applicable to plans in existence as of 3/23/2010.	If health status is a factor in a reward, the reward may be up to 30% of the cost of coverage (current HIPAA rule is 20%).  Not applicable to plans in existence as of 3/23/2010.
Plan Years beginning on or after 1/1/2014	Essential Benefits (PPACA 1201-2707)	Not Applicable	Individual and small group health market plans must include essential health benefits [to be defined by DHHS].
Plan Years beginning on or after 1/1/2014	Waiting Period (PPACA 1201-2708, as amended by PPACA 10103 and HCERA 2301)	Group health plans may not have waiting period of more than 90 days	Group health plans may not have waiting period of more than 90 days
Plan years beginning on or after 1/1/2014	Clinical Trials (PPACA 10103-2709)	Participation in clinical trial covered.	Participation in clinical trial covered.

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Plan years beginning on or after 1/1/2014	Employer Penalty (PPACA 1513-4980H, as amended by PPACA 10106 and HCERA 1003)	<p>Large employers (average of at least 50 FTEs at any time during the preceding year) [FTE means employed at least 30 hours per week] pay penalty for not offering health care.</p> <p>Solely for purposes of determining whether an employer is a “large” employer, the employer shall, in addition to the number of FTEs for any month otherwise determined, include for such month a number of FTEs determined by dividing the aggregate number of hours of service of employees who are not FTEs for the month by 120.</p> <p>There is a limited exemption for employers who meet the 50 FTE threshold because of seasonal workers.</p> <p>No penalty if employer issues Free Choice Voucher.</p>	Not apply if employer has less than 50 FTEs, otherwise, see impact on large employers.
1/1/2014	IRS Reporting (PPACA 1514-6056, as amended by PPACA 10106 and 10108)	Covered employers must provide additional information to IRS and employees.	Not apply if employer has less than 50 FTEs.



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1/1/2014	IRS Reporting (PPACA 1502-6055)	Employers providing minimum essential coverage must report certain information to IRS and employees.	Employers providing minimum essential coverage must report certain information to IRS and employees.
By 4/1/2014	Electronic Transactions (PPACA 1104)	Employers who fail to certify compliance with DHHS standards for electronic transactions are subject to penalty of \$1/covered life per day (up to max. of \$20-\$40/person) until certification is complete.	Employers who fail to certify compliance with DHHS standards for electronic transactions are subject to penalty of \$1/covered life per day (up to max. of \$20-\$40/person) until certification is complete.
By 1/1/2016	Electronic Transactions (PPACA 1104)	Health plans must provide DHHS with a statement certifying that their data and information systems are in compliance with the applicable standards for health claims or equivalent encounter information, enrollment and dis-enrollment in a health plan, health plan premium payments, health claims attachments, and referral certification and authorization.	Health plans must provide DHHS with a statement certifying that their data and information systems are in compliance with the applicable standards for health claims or equivalent encounter information, enrollment and dis-enrollment in a health plan, health plan premium payments, health claims attachments, and referral certification and authorization.

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2018	Excise Tax on High Cost Employer-Sponsored Health Coverage (PPACA 9001-4980I, as amended by PPACA 10901 and HCERA 1401)	40% excise tax on value of coverage that exceeds \$10,200 [+ \$1650 for retirees, high risk jobs, and repair or installation of electrical or telephone lines] (individual) or \$27,500 [+ \$3450 for retirees, high risk jobs, and repair or installation of electrical or telephone lines] (other), adjusted each year.	40% excise tax on value of coverage that exceeds \$10,200 [+ \$1650 for retirees, high risk jobs, and repair or installation of electrical or telephone lines] (individual) or \$27,500 [+ \$3450 for retirees, high risk jobs, and repair or installation of electrical or telephone lines] (other), adjusted each year.