

Health Care Reform

Pre-existing Condition Waiting Periods and Eligibility Waiting Periods

The Patient Protection and Affordable Care Act (PPACA or health care reform law) includes two provisions that limit the use of waiting periods. Here's an overview of how these provisions apply to **group health plans**. This information is based on language in the health care reform law and guidance received from the U.S. Department of Health and Human Services (HHS).

	Pre-existing Condition Waiting Periods	Eligibility Waiting Periods
Description	<ul style="list-style-type: none"> A provision in a benefit plan that limits or excludes benefits for pre-existing conditions that existed during a specific period immediately before the member's effective date of coverage 	<ul style="list-style-type: none"> The employer-defined time period between a new employee's hire date and the date the employee is eligible to enroll in benefits
PPACA/HHS requirements	<ul style="list-style-type: none"> For plan years beginning on or after September 23, 2010: <ul style="list-style-type: none"> For children under 19 – Pre-existing condition waiting periods are not allowed For members 19 and older – Pre-existing condition waiting periods are allowed For plan years beginning on or after January 1, 2014: <ul style="list-style-type: none"> For all covered members – Pre-existing condition waiting periods are not allowed 	<ul style="list-style-type: none"> For plan years beginning on or after January 1, 2014: <ul style="list-style-type: none"> Group health plans and health insurance issuers offering group health insurance coverage cannot apply any eligibility waiting period that exceeds 90 days For 50+ groups, penalties associated with the employer responsibility provision do not apply to individuals during the eligibility waiting period as long as the waiting period doesn't exceed 90 days
To whom the requirements apply	<ul style="list-style-type: none"> Grandfathered and nongrandfathered group health plans Fully insured and self-funded All group sizes 	<ul style="list-style-type: none"> Grandfathered and nongrandfathered group health plans Fully insured and self-funded All group sizes

Note: This information is applicable to group plans only. The health care reform law allows grandfathered individual health plans to have pre-existing condition exclusions for children under 19 until 2014.

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