Health care reform changes how plans work and how people can get coverage. Here’s a breakdown of what’s happened so far. Click on each underlined heading for more details. Or, check out the timeline and FAQs on our health care reform website.

Since September 23, 2010:

**Children up to age 19 can’t be denied coverage**
This group can’t be denied health insurance coverage due to health issues they’ve had in the past.

**Young adults can stay on their parents’ plans up to age 26**
Teens and young adults can stay under their parents’ health plans up to age 26.

**Annual and lifetime dollar limits are gone**
Health plans can’t set a lifetime dollar limit on members' benefits – or an annual limit on certain types of benefits.

**Changes to how claims are handled**
If a health claim is denied, members can now challenge the decision.

**Most plans cover preventive care at 100%**
Certain checkups, generic drugs, shots and tests are covered – at no cost to members.

Starting January 1, 2011:

**New taxes and fees**
Members pay 20% tax if they take money out of their health savings account for a health cost that’s not approved. Also, members can’t get a tax refund for nonprescribed, over-the-counter drugs. Other fees are required that may affect rates.

**Medical loss ratio (MLR)**
Medical loss ratio is the percentage health insurance companies must spend on medical care. They must spend at least 85% of premiums on medical care in the fully insured large group market and 80% in the fully insured small group and individual markets. (States that received waivers to have a lower threshold for the individual markets are required to meet the percentage in the waiver.) In 2012 the first MLR rebate checks were sent. Self-funded, or ASO, plans are exempt.

**Emergency care (ER) costs**
Members don’t need special approval (prior authorization) for ER care. They also won’t pay more for out-of-network ER care.

Starting on or after September 23, 2012:

**Summary of Benefits and Coverage**
All insurance companies now send the same type of easy-to-understand coverage summary to help
people better understand their health benefits.

Not all parts of the law affect every line of business (individual, small group, large group) or funding type (fully insured, self-funded). Also, not all are put in place at the same time. To help clearly show the impact of health care reform, we’ve updated an easy-to-reference chart, which also includes a new page to show which parts of the law are different depending on if they are sold as an “on-exchange” or “off-exchange” plan.

This article applies to:

- Virginia
- Small Group, Large Group, and Individual (under 65)