

Federal Market Reform Healthcare Checklist
The following is effective July 1, 2011

Code Cite	PPACA Provision	Applies to Grandfathered Plans	Description	Compliance
38.2-3439	Age 26	Yes	If a policy offers dependent coverage, it must include dependent coverage to age 26 without restriction to financial dependency, residency, marital, student or employment status.	
38.2-3440	Annual Limits	No – Indiv. Yes - Group	This limits the ability for companies to impose annual and lifetime dollar limits on essential benefits.	
	Lifetime Limits	Yes		
38.2-3441	Rescissions	Yes	Rescissions are prohibited except for an act, practice, or omission that constitutes fraud, or the individual makes an intentional misrepresentation of material fact. The insurer must provide at least 30 days advance written notice to each participant who would be affected before coverage may be rescinded.	
38.2-3442	Preventive Services	No	<p>This requires nongrandfathered plans to cover preventive health and wellness services without out-of-pocket cost-sharing (co-insurance, copayment or deductible) for the following:</p> <ol style="list-style-type: none"> 1. For evidenced based items or services that have in effect a rating of “A” or “B”: in the current recommendations of the United States Preventive Services Task Force. 2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. 3. For Infants, children and adolescents, evidence-informed preventive care and screenings provided in the comprehensive guidelines supported by the Health Resources and Services Administration. 4. For women, such additional preventive care and screenings not described in 1 as provided for in comprehensive guidelines supported by the Health Resources and Services Adm. 5. The current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November, 2009. 	

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38.2-3443	Access to OB/GYN	No	Prior authorization or referral requirements for obstetrical or gynecological care is prohibited if care is provided by in-network providers specializing in obstetrics or gynecology.	
38.2-3444	Pre-Existing Conditions	No – Indiv. Yes- Group	Pre-existing condition exclusions are prohibited for individuals under age 19.	
38.2-3445	Emergency Services		Requires plans that cover emergency services to provide such coverage without requirements for prior authorization and services provided by a participating provider. Cost sharing may not differ from the in-network level.	

The following is effective August, 2012 or 1st Day of the 1st New Plan Year After 8/1/12

Code Cite	PPACA Provision	Applies to Grandfathered Plans	Description	Compliance
38.2-3446	Women's Preventive Services Summary	No	1. Breastfeeding supplies, support and counseling	
		No	2. Contraception – FDA approved methods, sterilization, procedures, education	
		No	3. Domestic and interpersonal violence – screening and counseling	
		No	4. Gestational diabetes – screening 24-28 weeks of pregnancy and high risk	
		No	5. Human Immunodeficiency Virus (HIV) – screening and counseling	
		No	6. Human Papillomavirus (HPV) DNA Test – high risk testing triennially	
		No	7. Sexually Transmitted Infections (STI) – annual counseling	
		No	8. Well-woman Visits for Women under 65	