Table 1. Private Health Insurance Reforms Applicable to Self-Insured Plans

Insurance Reforms	Self-Insured Plans	
	Grandfathered	New
Near-Term Insurance Reforms (prior to 2014)		
Prohibits lifetime limits[a]	Applicable	Applicable
Restricts annual limits[a,b]	Applicable	Applicable
Restricts rescissions	Applicable	Applicable
Requires coverage for preventive services with no cost-sharing	NA	Applicable
Extends dependent coverage to age 26	Applicable	Applicable
Requires uniform explanation of plan benefits	Applicable	Applicable
Prohibits discrimination based on employee compensation	NA	NA
Requires quality of care reporting	NA	Applicable
Requires reporting of medical loss ratio and provision of rebates	NA[c]	NA
Requires internal and external appeals processes	NA	Applicable
Patient protections	NA	Applicable
Annual rate review	NA	NA
Long-Term Insurance Reforms (beginning 2014)		
Prohibits coverage exclusions for preexisting conditions	Applicable	Applicable
Imposes adjusted community rating rules	NA	NA
Imposes guaranteed issue requirements	NA	NA
Imposes guaranteed renewability requirements	NA	NA
Prohibits discrimination based on health factors	NA	Applicable
Prohibits discrimination against medical providers	NA	Applicable
Requires coverage for essential health benefits	NA	NA
Limits out-of-pocket spending	NA	NA
Limits cost-sharing	NA	NA
Prohibits excessive waiting periods	Applicable	Applicable
Requires coverage for clinical trials for qualified individuals	NA	Applicable

Source: CRS analysis of PPACA.

Note: NA = not applicable.

(...continued)

discussed earlier: (1) the applicability of grandfathering provisions to "group health plans," and (2) the distinction between the terms "group health plan" and "health plan," with the former including self-insured plans and the latter not including self-insured plans. As noted in footnote #14, inclusion of both terms in PPACA indicates the intention to apply them to insurance reforms, depending on the provision. Moreover, interim final rules issued by HHS, Labor, and Treasury (regarding dependent coverage for children under age 26) states the Administration's intention to distinguish between "group health plan" and "health plan" for the purpose of adding PPACA provisions to existing federal requirements. The rules are available at http://www.hhs.gov/ociio/regulations/pra_omnibus_final.pdf.