Non-Grandfathered Group Plan vs Grandfathered Plan Comparison

Non-Granfathered Group Plan **Title I, Subtitles A and C** **2010 - 2011 Plan Year** (beginning with Oct 1, 2010 plan year)	**Grandfathered Group Plan** **Title I, Subtitles A and C** **2010 - 2011 Plan Year** (beginning with Oct 1, 2010 plan year)
Only the following annual dollar limits on essential health benefits are permissible (§ 2711): • Plan years beginning Oct 1, 2010 – no less than $750,000 • Plan years beginning Oct 1, 2011 – no less than $1.25 million • Plan years beginning Oct 1, 2012 – no less than $2 million	Only the following annual dollar limits on essential health benefits are permissible (§ 2711): • Plan years beginning Oct 1, 2010 – no less than $750,000 • Plan years beginning Oct 1, 2011 – no less than $1.25 million • Plan years beginning Oct 1, 2012 – no less than $2 million
No lifetime limits on essential benefits (§ 2711).	No lifetime limits on essential benefits (§ 2711).
No rescissions (except for fraud or intentional material misrepresentation) (§ 2712).	No rescissions (except for fraud or intentional material misrepresentation) (§ 2712).
Must offer coverage to adult children of insured up to age 26 (§ 2714).	Must offer coverage to adult children of insured up to age 26 (but, prior to 1/1/14, not applicable if adult child is eligible for employer-sponsored coverage other than parents' coverage) (§ 2714).
Must provide rebates if plan does not meet required medical loss ratio (§ 2718).	Must provide rebates if plan does not meet required medical loss ratio (§ 2718).
No preexisting condition exclusions for individuals under 19 years old (§ 2704).	No preexisting condition exclusions for individuals under 19 years old (§ 2704).
No cost sharing for immunization or preventive care (§ 2713).	
No discrimination in favor of highly compensated individuals (Internal Revenue Code § 105(h) rules apply). (§ 2716). Already applied to self-funded groups; now applies to underwritten groups	
Must allow individuals to choose pediatrician for child's primary care physician (§ 2719A(c)).	
Must allow females to choose gynecologist or obstetrician without referral (§ 2719A(d)).	
Must allow emergency services without preauthorization and treat as in-network (§2719A(b)).	
Must provide internal appeals and external review process (§ 2719).	

Non-Grandfathered Group Plan Title I, Subtitles A and C **By March 2012**	Grandfathered Group Plan Title I, Subtitles A and C **By March 2012**
Must create summary documents using HHS uniform definitions (§ 2715).	Must create summary documents using HHS uniform definitions (§ 2715).
Non-Grandfathered Group Plan Title I, Subtitles A and C Plan Year 2014	**Grandfathered Group Plan Title I, Subtitles A and C Plan Year 2014**
No annual limits on essential benefits (§ 2711).	No annual limits on essential benefits (§2711).
No pre-existing condition exclusions (§ 2704).	No preexisting condition exclusions (§ 2704).
Waiting periods limited to 90 days (§ 2708).	Waiting periods limited to 90 days (§ 2708).
Must follow rating limitations (rating based on: tobacco use 1.5:1, age 3:1, rating area, and coverage for individual versus family) (§ 2701). Applies to small group health insurance coverage only, unless large group coverage is offered through an exchange.	
Guaranteed issue (§ 2702).	
Guaranteed renewability (§ 2703).	
No discrimination based on health status (§2705).	
No discrimination on health care providers acting within the scope of their license (§ 2706).	
Must cover essential benefits (§ 2707(a)). Applies to small group health coverage.	
Must follow cost sharing limits (§ 2707(b)).	

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