

New Health Insurance Marketplace Coverage Options and your Health Coverage

General Information

As Health Reform laws take place January 1, 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. The Marketplace is a website designed by the government and it's located at <u>www.healthcare.gov</u>. This notice will inform you about the Marketplace and coverage offered through your Employer.

Access to the Health Insurance Marketplace

Beginning October 1, 2013, you can access the Marketplace through the O&A Exchange: <u>www.owenservices.com</u>. The O&A Exchange provides total access to the government Health Insurance Marketplace Exchange and you receive one-on-one assistance from an O&A Health Care Reform Specialist, who is a licensed agent that can lead you through the process step-by-step. There is no additional cost to receive personal service through O&A. If you have any problems or issues along the way, you have a dedicated service agent assigned to you personally. Or if you like, you may navigate your way through the system directly and speak to a government employee (a navigator or assistor).

Information about the Marketplace

The enrollment process at the Marketplace provides access to Medicaid, Health Insurance, Catastrophic Coverage, and Subsidies (financial assistance based on your income). Subsidies are not available if you are eligible for coverage through **Baker County School Board.** Open Enrollment begins October 1, 2013, for coverage effective January 1, 2014. Open Enrollment is scheduled from **October 1st through March 31st 2014 (with delayed effective dates)**.

Employer Coverage & the Marketplace (how it works)

If you are offered health coverage through **Baker County School Board**, you will not be eligible for tax credits that lower your premium and you will not be eligible for cost-sharing reductions (out of pocket expenses). However, if your employer coverage does not meet certain standards, you may be eligible for subsidies. The coverage at **Baker County School Board** must be affordable so that you do not spend more than 9.5% of your W2 income (only you, not your dependents), otherwise you may qualify for a subsidy at the Marketplace. Also, **Baker County School Board's** coverage (on at least one that meets the affordability test) must cover approximately 60% of overall claim costs (including deductible, out of pocket costs, co-pays and/or co-insurance). This is referred as "60% of Actuarial Value". If the employer coverage does not meet the actuarial value and the affordability test, you may also qualify for a subsidy.

If you do not have group coverage through **Baker County School Board**, you and your family may be able to obtain coverage through the Marketplace and you may also qualify for tax credits that lower your monthly premiums and also financial assistance for out-of-pocket costs (called subsidies).

Note: If you purchase coverage through the Marketplace instead of accepting health coverage offered by Baker County School Board, then you may lose the employer contribution. The employer contribution, as well as your employee contribution is often excluded from income tax (known as a Section 125). Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

The easiest way to learn about the Market Place Exchange is to contact an O&A representative. They will become your personal service representative and help you every step of the way. Or you can visit Healthcare.gov for more information. Both, O&A and Healthcare.gov have the same online application, costs, plans and subsidies for health insurance coverage. The contact information for O&A is:

Brittney@owenservices.com 904-746-4109 www.owenservices.com



BAKER COUNTY SCHOOL BOARD EMPLOYEE EXCHANGE NOTICE

Information about your Employer (and health coverage – if offered)

This section contains information about any health coverage offered by Baker County School Board. If you decide to complete an application for coverage at the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

If you are not eligible for health insurance coverage through this employer, you and your family may be able to obtain health coverage through the Marketplace and you may be eligible for subsidies.

3. Employer name		4. Employer Identification Number (EIN)	
Baker County School Board		59-6000509	
5. Employer address		6. Employer phone number	
392 South Boulevard East		904-259-3813	
7. City		8. State	9. Zip code
Macclenny		Florida	32063
10. Who can we contact about employee health coverage at this job?			
Velinda Lyons			
11. Phone number (if different from above)	12. Email address		
904-259-3813	Velinda.lyons@bakerk12.org		
Information about your Employer's booth incurrence coverage.			

Information about your Employer's health insurance coverage:

Coverage for Employees:

- 1. Baker County School Board offers a health plan to all eligible employees.
- 2. Eligible employees are employees that work 30 hours per week and do not have coverage elsewhere

Coverage for Dependents:

- 1. Baker County School Board offers coverage to dependents when the eligible full-time employee enrolls
- 2. Eligible dependents are legal dependents of full-time, eligible employees

Minimum Actuarial Value and Affordable Coverage

- ✓ Check if the Employer offers the minimum value standard (60% of actuarial value)
- ✓ Check if the Employer does not require you to spend more than 9.5% of your W2 wages

Note: If your employer does not meet the minimum value and the affordability standard on at least one plan, you may be eligible for a subsidy through the Marketplace. If you feel that your employer coverage is not affordable (you are spending over 9.5% of your W2 wages), please contact your employer, the Marketplace or O&A and ask for guidance. The Marketplace will use various factors to see if you are eligible for a tax-credit (subsidy).



BAKER COUNTY SCHOOL BOARD EMPLOYEE EXCHANGE NOTICE

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, however will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?			
Yes (Continue)			
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the			
Employee eligible for coverage? (mm / dd / yyyy)			
No (STOP and return this form to the employee)			
14. Does the Employer offer a health plan that meets the minimum value standard (60% of actuarial value)?			
✓ Yes (Go to question 15)			
No (STOP and return this form to the employee)			
15. This question is for the lowest-cost plan that meets the minimum value standard offered only to the employee (don't include family plans):			
If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on the wellness program.			
a. How much would the employee have to pay in premiums for this plan? \$			
b. How often would the employee have to pay the premium stated above (in section a.)?			
Weekly Every 2 weeks Twice a month Monthly Quarterly Annually			
If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return the form to the employee.			
16. What change will the employer make for the new plan year?			
Employer will not offer health coverage			
Employer will start offering health coverage to the employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard (60% of actuarial value). Premiums should reflect the discount for wellness program. (see question 15)			
a. How much will the employee have to pay in premiums for the new plan? \$			
b. How often will the employee pay the new premium for the new plan?			
Weekly Every 2 weeks Twice a month Monthly Quarterly Annually			

Definition of 60% of Actuarial Value

A plan with a 60 percent actuarial value would be expected to pay, on average, 70 percent of a standard population's expected medical expenses for essential health benefits. The individuals covered by the plan would be expected to pay, on average, the remaining 30 percent of the expected expenses in the form of deductibles, co-payments, and coinsurance.

Definition of Affordability

If an employer plan is offered (only one plan needs to meet the requirement) and the portion of premium that the employee pays does not exceed 9.5% of the employees house hold (family or dependent premium does not count), the plan is deemed "affordable".

DISCLAIMER: This notice is not intended to fully explain health reform laws. It's main purpose is to only notify the employees of the Marketplace Exchange and their options for health coverage at work and at the Exchange.

