



New Health Insurance Marketplace Coverage Options and Your Health Coverage

INTRODUCTION

The Affordable Care Act requires us to inform all employees about the Health Insurance Marketplaces, which were set up to make it easier for consumers to compare plans and enroll in health insurance coverage. If you are eligible for employee health benefits through the State of Connecticut you will most likely not save money by purchasing coverage through the Marketplace. However, if you are not eligible for job-based health benefits, you may want to consider purchasing coverage through the Marketplace, as explained below.

PART A: General Information

When key parts of the Affordable Care Act take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplaces. In Connecticut, the state Marketplace is known as the Connecticut Health Insurance Exchange ("the Exchange"). You can find out more by visiting <http://www.accesshealthct.com/> or calling 855-805-4325. This notice provides some basic information and explains how coverage available through the Exchange relates to coverage that is available to you as an employee of the State of Connecticut

Q—What is the Health Insurance Marketplace?

It is designed to help you find health insurance that meets your needs and fits your budget. The Exchange offers "one-stop shopping" to find and compare private health insurance options. Some individuals and families may be eligible for a tax credit that lowers their monthly premium right away as well as cost-sharing reductions that can lower their out-of-pocket expenses. Open enrollment for health insurance coverage through the Exchange begins in October 2013 for coverage starting as early as January 1, 2014. You can find out more by visiting <http://www.accesshealthct.com/> or calling 855-805-4325.

Q—Can I qualify for federal assistance that would reduce my health insurance and out-of-pocket expenses?

You may qualify to save money and lower your monthly premium by purchasing coverage through the Exchange, but only if (1) you are **not** eligible for coverage from your employer or (2) your employer's coverage doesn't meet certain standards.

Q—What are those standards?

If your employer health plan meets a "**minimum value standard**" and is "**affordable**" you will not qualify for federal assistance. An employer health plan meets the "**minimum value standard**" if it covers at least 60 percent of total allowed costs. It is considered "**affordable**" if the cost of single coverage (not including other family members) is no more than 9.5 % of your annual household income.

Q—Does State of Connecticut employee coverage meet the minimum value standard?

Yes.

Q —What does “affordable” mean?

Coverage is considered “affordable” if the employee’s share of individual-only coverage is no more than 9.5% of household income. For example, the employee share for individual-only coverage for the lowest-cost plan offered by the State of Connecticut is \$39.63 per month, or \$475.56 per year. If you are healthcare-eligible and earn \$5006 or more per year, the cost of coverage would be considered “affordable”.¹

Q—Does Eligibility for Employer Health Coverage Affect Premium Savings through the Marketplace?

Yes, if your job-based health coverage meets the “minimum value standard” and is “affordable” you will not be eligible for either a tax credit or subsidy through the Marketplace and may wish to enroll in your employer health plan.

Q—What happens if I am eligible for employer-based coverage but choose to purchase insurance through the Marketplace?

If you purchase a health plan through the Marketplace instead of accepting your job-based health benefits you will lose the State of Connecticut contribution to your health coverage. Also, the employer contribution—as well as your employee premium share—is excluded from your income for Federal and State income tax purposes. If you purchase insurance coverage through the Exchange your payments for healthcare coverage will be made on an after-tax basis.

Q—How Can I Get More Information?

For more information about coverage offered by your employer, please check the Health Care Options Planner at <http://www.osc.ct.gov/benefits/openenroll.htm> or contact the Office of the State Comptroller, Healthcare Policy & Benefit Services Division, Central Benefits Unit.

The Exchange can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. You can find out more by visiting the CT Exchange at <http://www.accesshealthct.com/> or calling 855-805-4325. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area if you are not a Connecticut resident.

¹ This is an illustration based on annual earnings only. There are other factors that that may affect “affordability”, such as when an employee’s hours vary from week to week or an employee starts working mid-year.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name State of Connecticut, Office of the State Comptroller		4. Employer Identification Number (EIN) 06-6000798	
5. Employer address 55 Elm Street		6. Employer phone number	
7. City Hartford	8. State CT	9. ZIP code 06106	
10. Who can we contact about employee health coverage at this job? Central Benefits Unit, Healthcare Policy & Benefit Services Div.			
11. Phone number (if different from above) 860-702-3535		12. Email address osc.benefitcorrections@ct.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
Full-time permanent employees, employees working 0.5 full-time equivalent (FTE), others pursuant to collective bargaining agreements or management contract
 - With respect to dependents:
 - We do offer coverage. Eligible dependents are:
Spouse of civil union partner, employee's children to age 26 (medical)
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but 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) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) **No** (STOP and return form to employee)

15. 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 wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$ 39.63

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

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 form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)