



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and **not** any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit <http://www.healthcare.gov> for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ 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.

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 Tobyhanna (Township of)		4. Employer Identification Number (EIN) 24-6001573	
5. Employer Address 105 Government Center Way		6. Employer Phone Number (570) 646-1212	
7. City Pocono Pines	8. State PA	9. ZIP code 18358	
10. Who can we contact about employee health coverage at this job? Heidi Pickard			
11. Phone number (if different from above)		12. Email address tobysecy@epix.net	

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

As your employer, we offer a health plan to:	
<input type="checkbox"/>	All employees.
<input checked="" type="checkbox"/>	Some employees.

All full-time employees actively working at least 35 hours per week.

With respect to dependents:	
<input type="checkbox"/>	We do not offer coverage.
<input checked="" type="checkbox"/>	We do offer coverage.

A Dependent of an Employee will become eligible for Dependent coverage on the first day that the Employee is eligible for Employee coverage and the individual is in the class of eligible Dependents. A Dependent is any one of the following persons: The spouse of an Employee. The term "spouse" means the person recognized as the covered Employee's husband or wife under the laws of the state where the covered Employee lives. The Employer may require documentation proving a legal marital relationship. The domestic partner of an Employee, if domestic partners are covered as shown on the Outline of Coverage. An individual must qualify as the "domestic partner" of the employee to enroll in this coverage as a dependent domestic partner. BCNEPA reserves the right to request documentation evidencing the domestic partnership by submission of proof of three (3) or more of the following documents: a domestic partnership agreement; a joint mortgage or lease; a designation of one of the partners as beneficiary in the other partner's will; a durable property and health care powers of attorney; a joint title to an automobile, or joint bank account or credit account; or such other proof as is sufficient to establish economic interdependency under the circumstances of the particular case. Employee's unmarried children up to the Dependent Age Limit shown on the Outline of Coverage. The term "children" shall include newborn children, stepchildren, children legally placed for adoption, legally adopted children, handicapped individuals, and children covered under guardianship. The Plan may require legal written documentation to verify the relationship between a Dependent and Subscriber. The phrase "child placed with a covered Employee in anticipation of adoption" refers to a child whom the Employee intends to adopt, whether or not the adoption has become final, who has not attained the age of 18 as of the date of such placement for adoption. The term "placed" means the assumption and retention by such Employee of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced. Any child of a covered Employee or of his/her legal spouse who is an alternate recipient under a national medical support notice shall be considered as having a right to Dependent coverage under this Plan. Eligibility shall continue past the Dependent Age Limit for unmarried children who are unable to work to support themselves due to mental retardation, physical handicap, Mental Illness, or developmental disability if such disability commenced while the child was a validly enrolled dependent on the parent's policy; the

child has been continuously enrolled since the commencement of the disability and has been certified as disabled by the Plan. If a disabled dependent child is covered under a parent's Plan at the time this language becomes effective, the disabled Dependent will be eligible for coverage under the Plan as long as he/she is certified as a disabled Dependent by the Plan. The Plan Administrator may require, at reasonable intervals during the two years following the Dependent's reaching the limiting age, subsequent proof of the child's Total Disability and dependency. After such two year period, the Plan Administrator may require subsequent proof not more than once each year. The Plan Administrator reserves the right to have such Dependent examined by a Physician of the Plan Administrator's choice, at the Plan's expense, to determine the existence of such incapacity. These persons are excluded as Dependents: other individuals living in the covered Employee's home, but who are not eligible as defined; the legally separated or divorced former Spouse of the Employee; or any person who is on active duty in any military service of any country. If both the husband and wife are employees, they may decide whether each will hold single coverage or if they wish to apply for Employee and Dependent coverage. If a person covered under this Plan changes status from Employee to Dependent or Dependent to Employee, and the person is covered continuously under this Plan before, during and after the change in status, credit will be given for deductibles and all amounts applied to maximums. If both mother and father are Employees, their children will be covered as Dependents of the mother or father, but not of both, based on the birthday rule.

X	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.
<p>*** 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.</p>	

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?

X **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*?

X **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? N/A
- b. How often? N/A

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?

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)