



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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## 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 each autumn for coverage starting as early as the following January.

### 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.<sup>1</sup>

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 or contact your employer's Employee Benefits Department. Or, for information about other medical insurance coverage that may be available to you and your family, you may contact Barney & Barney at (855) 298-6588.

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

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<sup>1</sup> 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.

1. Employer name San Diego Unified School District		2. Employer Identification Number (EIN) 95-6002781	
3. Employer address 4100 Normal Street		4. Employer phone number 619-725-8130	
5. City San Diego	6. State CA	7. ZIP Code 92103	
8. Who can we contact about employee health coverage at this job? Your employer's Employee Benefits Department at (619) 725-8130.			
9. Phone number (if different from above)		10. Email address employeebenefits@sandi.net	

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

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:

- Some employees. Eligible employees are:

All active monthly, salaried employees working one-half (1/2) time or more. Employees on district-approved unpaid leaves may continue their medical insurance coverage by remitting the required fee to the District.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

Generally eligible dependents are an eligible employee's spouse or unmarried, same-sex domestic partner who is not an active member of the armed forces; an eligible employee's child who has not attained his/her twenty-sixth birthday and who is not eligible for benefits as an employee, an active member of the armed forces and/or not enrolled in another medical benefits plan; and an eligible employee's child who is at least 26 years of age, is primarily dependent upon the employee for support and maintenance, and is incapable of self-sustaining employment because of mental or physical disability and has been approved by the medical carrier as totally disabled prior to age 19.

- 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.

Beginning in 2014, all United States citizens and legal residents are required to maintain a minimum level of medical insurance coverage (known as "Minimum Essential Coverage"). The Internal Revenue Service (IRS) will monitor your compliance with this new law through the addition of IRS Tax forms and Schedules filed with your annual income tax return, as well as your employer's tax returns. Those failing to maintain adequate medical insurance coverage will be fined. This fine or "tax penalty" will be payable as an additional tax of up to 2.5% of your family's household income (this tax penalty will increase annually).

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. On the next page, you will find the employer optional information you will enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Q&A #11 is left blank intentionally and is only used for an employee who is not currently eligible/covered for medical benefits by SDUSD.

11. 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? [Click here to enter a date.](#) (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

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

Yes (Go to question 13)  No (STOP and return form to employee)

13. 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? \$ 0.00

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 14. If you don't know, STOP and return form to employee.

14. 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 13.)

a. How much will the employee have to pay in premiums for that plan? \$ 0.00

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

**If you are not eligible for your employer's medical insurance**, it is not too late to avoid a tax penalty. You have the option of speaking with a Barney & Barney Health Insurance Advocate for assistance in obtaining insurance coverage for you or your family, including coverage that may be available at a discount, or in some cases free, through the public State Exchange, such as "Covered California" for California residents. Note: Each State has its own "Exchange Marketplace." An Exchange Marketplace is an additional place to shop for and buy health insurance from a variety of insurance providers. Some individuals and families may qualify for and receive tax credits or assistance in paying for health insurance when purchasing medical insurance through the Exchange Marketplace.

If you would like to review your options directly with your State's Exchange, please contact your State's Exchange directly. If you would like assistance in determining what type of individual or family plan is best for you and your family, or need assistance in being directed to your State's Exchange, feel free to contact a Barney & Barney Insurance Advocate:

Monday through Friday 8:00am – 5:00pm Pacific Time

By Phone: Monday – Friday, 8:00am – 5:00pm Pacific Time

- For English, call: (855) 298-6588
- For Spanish, call: (855) 298-6589

By Email: [InsuranceAdvocates@barneyandbarney.com](mailto:InsuranceAdvocates@barneyandbarney.com)

\* 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)