

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

"Health care reform" refers to the Affordable Care Act (ACA), which was passed in 2010. The law is intended to extend access to medical coverage to nearly everyone in the U.S., eliminate restrictions on key benefits, and help control the country's rising health costs. Starting January 1, 2014, the ACA will require almost everyone in the U.S. to have health insurance or pay a penalty. This is called the **individual mandate**.

To help satisfy this requirement, 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.

### 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?

Probably not. You pay the full cost of coverage when you purchase a plan through a Marketplace. That said, you may be eligible for a subsidy, which is an amount of money that the government will put toward the cost for your medical coverage. However, to qualify for a subsidy, you must meet both of the following requirements:

- You don't have access to a plan that meets the ACA's benefit requirements, and
- You earn below a certain level of income.

### Does (District) Health Coverage Affect My Eligibility for a Subsidy through the Marketplace?

Possibly. If you're a full time employee and are eligible for coverage through the District, you most likely will not be eligible for the subsidy through the Marketplace because at least one of the medical plans offered by the District meets ACA requirements for minimum value and affordability for employee-only coverage. However, if you're not eligible for medical coverage through the District or are a part-time employee, you may be eligible for a subsidy that lowers your monthly premium for coverage purchased through the Marketplace. Alternatively, you may qualify for Medicaid depending on your household income.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by the District, then you will lose the employer contribution (if any) toward the cost of medical coverage offered by the District. That's because you pay the full cost of plans purchased through a Marketplace. Additionally, employer contributions – as well as your contribution toward 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 the District, please check your summary plan description or contact Naidene Warren Sakamoto (714) 447-2834.

#### You Need to Know THIS:

- In 2014, you must have medical coverage, or you'll pay a penalty. This is called the **individual mandate**.
- In 2014, the District will offer medical coverage to full-time employees.
- The District offers medical coverage to you and your eligible dependents.
- Your medical coverage is provided through SISC, a joint Labor-Management Trust.
- You can enroll for medical coverage through many sources, including the District plans from SISC (if eligible), your spouse's/partner's employer plan, private insurance, Medicare (if eligible), or the new public health care marketplaces.
- Full time employees will likely find that the best option to meet the individual mandate will be the plans through SISC, if you're eligible.
- Part time employees may be eligible for a subsidy if your monthly contribution is more than 9.5% of your household income.

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) or [CoveredCa.com](http://CoveredCa.com) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by (District)

This section contains information about any health coverage offered by (District). 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 Fullerton School District		4. Employer Identification Number (EIN) 956001405	
5. Employer address 1401 W. Valencia Drive		6. Employer phone number (714) 447-2834	
7. City Fullerton		8. State CA	9. ZIP code 92833
10. Who can we contact about employee health coverage at this job? Naidene Warren Sakamoto / Insurance Benefits			
11. Phone number (if different from above) same		12. Email address naidene_warren@fullertonsd.org	

Here is some basic information about health coverage offered by (District):

- As your employer, we offer health coverage to full-time employees working
- Part-time employees working at least 20 hours are eligible
- We offer coverage to your dependents. Eligible dependents include your:
  - Spouse or California registered domestic partner
  - Children under age 26, including step children, foster children, children placed for adoption, legally adopted children, and children of domestic partners. Children do not include any legally married spouse or domestic partner or children of your dependent child.
  - Incapacitated children age 26 and over who are dependent upon the participant for support and were incapacitated prior to their 26th birthday.
- The coverage offered by the District meets the minimum value standard, and your cost for this coverage is intended to be affordable, based on employee wages (may need to be altered based on the District)

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process.

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\* 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).