

Dear MU Faculty and Staff:

As a result of the Patient Protection and Affordable Care Act (ACA), every *U.S. employee* is required to receive the enclosed notice on health insurance marketplace options as part of the ACA rules. The attached notice provides you with information regarding the new health insurance marketplaces, offered by either the state or the Department of Health & Human Services. In general these marketplaces are established to increase access to affordable health care for individuals who may not normally qualify for health care benefits from their employer.

Many of the ACA changes have already affected our plan, such as covering adult children up to age 26, expanding preventive care, reducing or removing annual or lifetime limits on essential health benefits, and reducing the annual maximum on health care flexible spending account contributions to \$2,500.

Some of the biggest changes resulting from the law take effect January 1, 2014. As we get closer to annual enrollment and the launch of the federal and state exchanges, you will hear more and more about health care reform. We want you to know that the MU-sponsored medical plans will comply with all required changes. In addition, as long as you are enrolled in the MU medical plans, your coverage will exceed the ACA-mandated affordability and coverage requirements.

### **If you are Eligible for the MU Medical Plan**

MU Group Medical Plans will exceed the following standards established by the government:

- **Affordability:** The amount you can pay for employee only coverage is considered “affordable” because it is less than 9.5% of your household income.
- **Coverage:** MU Group Medical Plans meet the minimum coverage standards as required by law, meaning the MU plans exceed the lowest level (Bronze) in the Exchanges.

**If you are eligible for the MU Medical plans and you choose to buy insurance through the marketplace, you will not receive an employer contribution from MU.** MU pays for 100% of your employee coverage premium in the HMO 2000 Deductible Plan so it is unlikely that coverage in the exchange will be cheaper. Additionally, since the MU medical plans meet the ACA requirements, it is unlikely you will receive any kind of financial help (subsidy) from the government to pay for any family coverage you may purchase from a public exchange.

It is still a good idea to review the enclosed notice in order to be more informed of your options and to compare your current level of benefits against what is offered in the public marketplace.

### **If you are Not Eligible for the MU Medical Plan**

If you are not eligible to participate in the MU Medical Plans, you may choose to obtain health coverage through the health insurance marketplace. Depending on your household income, you may also be eligible for a tax credit and/or premium assistance to help reduce the cost of health coverage obtained through the marketplace.

If you choose to enroll through the Health Insurance Marketplace, please visit [www.coveroregon.com](http://www.coveroregon.com) to review the plans available in Oregon, please visit [www.nevadahealthlink.com](http://www.nevadahealthlink.com) for information about plans available in Nevada, or [www.healthcare.gov](http://www.healthcare.gov) for other information about other states. The information you will need to apply is included on the enclosed notice (for example, employer name, employer address, and contact information). If you are eligible for the MU Health Plans and choose to “shop” the exchange, you will also need the employee premium dollar amounts, which are always available to you on the MU Intranet.

You’ll receive more information about the health care exchanges likely from your home state before MU annual enrollment period begins next year. Remember, if you are eligible for the MU Plans, it meets the requirements of the ACA; therefore, you will likely not receive any form of financial assistance from the government if you decide to elect coverage through a public exchange.

### **Questions?**

**MU cannot assist you with your exchange benefit decisions since we do not sponsor the plans offered in the new health insurance marketplaces.** The best place to get more information or answers to your questions is [www.healthcare.gov](http://www.healthcare.gov) where you can view videos, search for health care plans, and learn more.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
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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 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.<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 \_\_\_\_\_.

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.

<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.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

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:

- With respect to dependents:  
We do offer coverage. Eligible dependents are:

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.