



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

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 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 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		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.



Frequently Asked Questions – Healthcare Reform and Healthcare Marketplace

Am I required to purchase health insurance coverage?

Yes. Starting January 2014, most people will be required to have health insurance or pay a penalty

Does TargetCW offer healthcare that meets minimum standards and is affordable?

Yes, TargetCW offers a qualified, affordable healthcare through Panamed. This plan **does** meet minimum standards to satisfy the individual mandate or individual fine. This plan is offered to all employees after 30 days of employment who work a minimum of 20 hours per week. Please visit www.targetcw.com/benefits for more information on TargetCW's healthcare plan and to enroll.

Where do I go to purchase Health Insurance coverage?

Starting Oct. 1, 2013 you can shop for health insurance coverage on the health insurance marketplace (also called an exchange) operating in your state. Please visit www.targetcw.com for links to your state exchange.

Am I eligible for insurance at the marketplace?

Anyone may use the health insurance marketplace or exchange to explore their health insurance options, even if your employer offers insurance. The requirements to get insurance through the marketplace or exchange are:

- You must live in the U.S.
- You must be a U.S. citizen or national (or lawfully present)
- You can't be currently incarcerated

Does the Health Exchange have an open enrollment period?

Yes, the health exchange is open starting **October 1, 2013** for open enrollment. **Coverage will begin on January 1, 2014.** Open enrollment Closes **March 31, 2014.** Please contact the health exchange for specific questions and enrollment. You must contact the exchange directly to enroll.

If I enroll through the exchange, can TargetCW deduct for premiums?

Unfortunately, you will have to pay the exchange directly, using after tax dollars.

What happens if I do not want health coverage?

Health coverage is optional. However beginning in 2014 if you are uninsured you will have to pay a fine to the IRS equal to 1% of your gross income (minimum \$95) for being uninsured. This is called a pay – or-play penalty. The fine will increase each year.

I heard that I can get free health insurance or subsidies through the exchange. Is that true?

The health exchange can help you determine if you qualify for reduced monthly premiums or lower deductible, co-pay, etc. to make coverage affordable. Discounts or subsidies are based on family size and income. Individuals with household income between 100% and 400% of the federal poverty level may be eligible for subsidies to offset the cost of healthcare. Generally speaking, a family of 4 with a total family income of less than \$94,200 will qualify for a discount or subsidy.

How do I know what plan is best for me and my family?

The health exchange will offer a variety of plans based on where you live. The exchange has counselors that can help you understand the differences in plans and help you make the best choice for your family.

What is the difference between Bronze and Platinum plans?

When purchasing exchange coverage, you can choose between four levels of coverage: Bronze, Silver, Gold, and Platinum (in order of least to most comprehensive). In general, more comprehensive plans have higher monthly premiums, but also have lower out-of-pocket costs. Bronze level coverage is the lowest level of coverage most people are required to have under health reform. Please see the chart below for a mini-comparison.

Level of Coverage	Bronze	Silver	Gold	Platinum
Annual Deductible	Varies but generally \$5,000	Varies but generally \$1,500	No deductible	No Deductible
Doctor Visit	\$60	\$40	\$30	\$20
Max Indiv. Out of Pocket	\$6,350	\$5,200	\$6,350	\$4,000
Max Family Out of Pocket	\$12,700	\$10,400	\$12,700	\$8,000