

**Internal Services**

**Department of Personnel Services**

**Employee Benefits Office**

Dave Comerchero, Manager



**County of Sacramento**

September 2014

Dear Employee:

Open Enrollment **begins September 29, 2014 and ends October 24, 2014**. Open Enrollment is the time of year all employees have the opportunity to make health plan changes without a qualifying event. As a result of last year's changes in medical carriers, there are only very modest increases in the 2015 medical plan premiums, and all High Deductible Health Plans remain available with no payroll deduction if you are in Tier B status.

New for 2015 is an additional 5 times salary level for Optional Life Insurance, a new Limited Purpose Flexible Spending Account and brand new Critical Illness plan. We encourage you to read this information as well as the 2015 MyBenefits Summary thoroughly to provide enough time for you to ask questions, attend events and select the coverage you prefer for 2015.

**IMPORTANT INFORMATION FOR 2015**

- Medical carriers and plans are unchanged for 2015. Kaiser, Sutter Health Plus and Western Health Advantage will be available in both Traditional \$15 HMO co-pay plans and High Deductible HMO plans. High Deductible and Waiver participants may still elect Optional Vision coverage under VSP. You should carefully review the annual difference in payroll deductions between Traditional and High Deductible plans to determine which plan type makes sense. If you are satisfied with your current coverage, you do not need to make a medical or vision plan change.
- The maximum annual contribution to a **Health Savings Account (HSA)** for 2015 has increased by \$50 to **\$3,350** for individual coverage and by \$100 to **\$6,650** for family coverage for participants under age 55. Remember, you are only allowed to contribute to a Health Savings Account if you are enrolled in a High Deductible Health Plan and have no other disqualifying coverage.
- The County is adding a new **Limited Purpose Flexible Spending Account (FSA)** for 2015. This account functions the exact same way as our current General Purpose Medical Reimbursement Account with identical grace periods and "use or lose" rules, except it is only allowed to reimburse qualified dental and vision expenses. The key benefit is that for the first time you can have a Limited Purpose FSA and still contribute to a Health Savings Account at the same time. This allows you to keep a larger amount of your versatile HSA funds in reserve over a longer period of time and still be able to set aside FSA funds for dental and vision expenses. Additional information about the Limited Purpose FSA is in the 2015 MyBenefits Summary.

- The County has negotiated a reduction of approximately 5% in the rates for Optional Life Insurance offered by Prudential, in conjunction with an increase to a new 5 times salary level with a maximum \$600,000 in coverage. As a result, County employees will be able to make an election online to increase their current Optional Life coverage by one step with no medical underwriting or evidence of insurability required (Note: you must not have been previously declined by underwriting). This is an excellent opportunity to ensure you have the appropriate coverage in place.
- For the first time, the County is providing a Critical Illness plan offered by Prudential. This voluntary plan uses post tax deductions and provides tax free lump sum payments upon the occurrence of certain illness such as heart attacks, strokes, and cancers. Coverage is available for the employee, spouse/domestic partner, and children in set increments, and is age rated with guarantee coverage limits. You may elect this coverage online, and will even be able to receive an immediate answer if requesting over the guaranteed issue limits. This benefit can provide critical financial assistance when dealing with medical related issues and absences so please review the material carefully to determine what level of coverage is appropriate for you.
- Again for this year's Open Enrollment, those employees increasing their contribution amounts in the County's 457(b) **Deferred Compensation Plan** will be entered in a raffle drawing in support of National Save For Retirement Week October 19-24. Fidelity Investments has recently enhanced the online retirement Planning and Guidance tools available to you at <http://plan.fidelity.com/saccounty> so you can see what impact your changes can make to your 457(b) account. As always, remember that you can schedule a one-on-one meeting with a Fidelity Financial Planner at 800-642-7131 to ensure your retirement goals are on track.

## **THINGS TO KNOW**

- A copy of the **2015 MyBenefits Summary** is enclosed with these Open Enrollment materials. This booklet is a valuable resource and can answer many of your benefits questions. The medical plan **premiums for 2015** are on page **8** and information for the Critical Illness plan starts on page **22**.
- Benefits changes should be made using **BenefitBridge** at [www.benefitbridge.com/saccounty](http://www.benefitbridge.com/saccounty) at work or at home. BenefitBridge has a revamped look and feel this year for Open Enrollment and instructions for logging in to BenefitBridge and navigating through the system are available at <http://www.personnel.saccounty.net/Benefits/Pages/ActiveEmployee.aspx>.
- The **deadline to make Open Enrollment changes** is October 24 at 5:00pm.
- If you are **adding a dependent** to your coverage, the enrollment is not complete until you submit the required dependent documentation (birth certificate, marriage certificate. etc.). Your **dependent documentation must be submitted and into our office by October 31 at 5:00pm.** Failure to submit the required documentation by the deadline will result in your dependent not being enrolled, and your enrollment request may be denied.

- If you are **waiving your medical coverage**, after making your online election to waive you must submit proof of your other group coverage by October 31 at 5:00pm. Other group coverage generally means coverage from another employer group or retiree plan. Purchasing coverage through an individual plan or on the Exchange is not considered group covered for purposes of waiving the County sponsored medical benefit.

**HOW TO GET HELP**

There are several resources available to assist you during Open Enrollment:

- ✓ **Employee Benefits Office website**—<http://www.personnel.saccounty.net/Benefits>
- ✓ **Carrier Resources**—Contact the carrier directly to get your questions answered; phone numbers and websites are in the back of the MyBenefits Summary book.
- ✓ **Open Enrollment Events**—Benefits Staff and carrier representatives will be at the below events to answer any questions you may have:

DATE		TIME	LOCATION	
Sept 30	Tuesday	9am-12pm	DHHS	7001 East Parkway
October 1	Wednesday	9am-12pm	County Admin	700 H Street-Lobby
October 8	Wednesday	7am-11am	Sewer District ( <i>new</i> )	10060 Goethe Road
October 14	Tuesday	9am-12pm	Granite Park	3331 Power Inn Road

All carriers will be present to answer questions

- ✓ If you need personal assistance you may contact the Benefits staff Monday–Friday 8am -5pm by email at [MyBenefits@saccounty.net](mailto:MyBenefits@saccounty.net) or by calling 916-874-2020. Due to the high volume of inquiries please allow 24-48 hours for a response.

Sincerely,

Dave Comerchero  
Employee Benefits Manager

**DISCLAIMER**

Information contained in this mailing is confirmed as of the date of print. We strive to provide you accurate information as timely as possible. Benefits are subject to the schedule of covered services and exclusions as prescribed in the applicable Evidence of Coverage (EOC) from the applicable carriers.



Internal Services Agency

Department of Personnel Services

Employee Benefits Office

Dave Comerchero, Manager



## County of Sacramento

September 10, 2014

### **RE: NOTICE OF CREDITABLE/NON CREDITABLE COVERAGE; MEDICAID-CHIP OFFER OF NO OR LOW COST COVERAGE**

As an individual eligible to participate in the group medical insurance program sponsored by the County of Sacramento, we are required to send you the attached Creditable/Non Creditable Coverage notice in accordance with the Medicare Prescription Drug Improvement and Modernization Act of 2003.

If either you or a covered dependent are eligible for Medicare Part A and/or enroll in Medicare Part B, this letter and the attached Creditable/Non Creditable Coverage document contain important information. Please read this information carefully to understand your options.

In addition, if you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. The attached document contains important information regarding Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage. Please read this information carefully to understand your options.

If you are currently enrolled in a Kaiser, Sutter Health Plus, Western Health Advantage or UnitedHealthcare medical plan through the County of Sacramento group medical insurance program, the prescription drug coverage under this program is as good as, or better than, the coverage provided under the new Medicare Part D prescription drug program. It is "creditable coverage" as defined by the Center for Medicare and Medicaid Services (CMS), the federal organization that runs the Medicare program. Having *creditable coverage* will allow you to avoid future penalties for not enrolling in Part D if you are currently eligible to do so.

If you currently waived the County of Sacramento group medical insurance program, this is not *creditable coverage* as defined by the Center for Medicare and Medicaid Services (CMS). You must decide whether to purchase Medicare Part D coverage on your own, enroll in a plan, or possibly risk monetary penalties in the future.

If you are enrolled in another group medical insurance plan, please contact the sponsor of your other coverage to determine if their plan qualifies as "creditable coverage." Having other *creditable coverage* will allow you to avoid future penalties for not enrolling in Part D.

**If you do not have *creditable coverage* you must enroll in Medicare D or you will be subject to penalties.**

The penalty is at least 1% per month for every month that a Medicare eligible person does not have creditable coverage. That penalty is added to the Medicare Part D premium when you subsequently do enroll in Medicare Part D. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than it would have been had you purchased the coverage.

Enclosed is the official notice required by CMS regarding *creditable/non creditable coverage*. If you have any questions about this notice, or Medicare Part D, you may review the “Medicare and You 2015” brochure distributed by CMS, you may call CMS at (800) 633-4227. For information regarding the Medicaid or CHIP programs you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or contact the County of Sacramento Employee Benefits Office at (916) 874-2020.

Respectfully,

Employee Benefits Office

## **Important Notice from the County of Sacramento About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the County of Sacramento and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. The County of Sacramento has determined that the prescription drug coverage offered by Kaiser, Sutter Health Plus, Western Health Advantage and UnitedHealthcare is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**
- 3. You can continue to waive your medical coverage with the County of Sacramento. However, because you waived coverage, it is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, dependent on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.**

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### **When Can You Join A Medicare Drug Plan?**

**You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.**

**However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. If you did not have creditable coverage you may have to pay a higher premium (a penalty).**

### **What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?**

**If you decide to join a Medicare drug plan, your current County of Sacramento coverage will be affected. For individuals who elect Part D coverage elsewhere, the County of Sacramento's medical plan will end for the individual and all covered dependents.**

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into a County of Sacramento benefit plan during an open enrollment period under the County of Sacramento benefit plan.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the County of Sacramento and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage.....**

Call the Employee Benefits Office at (916) 874-2020. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the County of Sacramento changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage....**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	September 10, 2014
Name of Entity/Sender:	County of Sacramento Employee Benefits Office 700 H Street, Room 4667 Sacramento, CA 95814
Phone Number:	(916) 874-2020



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a>  Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

<p align="center"><b>IDAHO – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a>  Medicaid Phone: 1-800-926-2588  CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a>  CHIP Phone: 1-800-926-2588</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a>  Phone: 1-800-694-3084</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a>  Phone: 1-800-889-9949</p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a>  Phone: 1-800-383-4278</p>
<p align="center"><b>IOWA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a>  Phone: 1-888-346-9562</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-800-792-4884</p>	
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>  Phone: 1-800-635-2570</p>	
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a>  Phone: 1-888-695-2447</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website:  <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>  Phone: 603-271-5218</p> <p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/of/public-assistance/index.html">http://www.maine.gov/dhhs/of/public-assistance/index.html</a>  Phone: 1-800-977-6740  TTY 1-800-977-6741</p>	
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>  Phone: 1-800-462-1120</p>	
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a>  Click on Health Care, then Medical Assistance  Phone: 1-800-657-3629</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p> <p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>  Phone: 919-855-4100</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-800-755-2604</p>

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid and CHIP</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## 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 Dave Comerchero, County of Sacramento Employee Benefits Office, 700 H Street Sacramento, CA 95814 or (916) 874-6480.

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 COUNTY OF SACRAMENTO		4. Employer Identification Number (EIN) 94-6000529	
5. Employer address 700 H STREET ROOM 4667		6. Employer phone number (916) 874-2020	
7. City SACRAMENTO	8. State CA	9. ZIP code 95814	
10. Who can we contact about employee health coverage at this job? DAVE COMERCHERO, EMPLOYEE BENEFITS MANAGER, COUNTY OF SACRAMENTO			
11. Phone number (if different from above)		12. Email address comercherod@saccounty.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:

Regular employees working full-time or part-time for the County or a Special District (at least 20 hours/week or 40 hours in a bi-weekly pay period); an elected official and his/her exempt deputy assistant; a regular employee who temporarily transfer to a benefited temporary position.

•With respect to dependents:

We do offer coverage. Eligible dependents are:

The employees lawful spouse or domestic partner; the employee, spouse, or domestic partner's child (natural, step, adopted, legal guardianship) up to age 26, and/or minor foster child.

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.

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, 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? \_\_\_\_\_ (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\*?**

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? \$ 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 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 would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

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

