



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

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.

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|---|--------------------------|--|--|
| 3. Employer name University of Dallas | | 4. Employer Identification Number (EIN) 75-0926755 | |
| 5. Employer address 1845 E. Northgate Drive | | 6. Employer phone number (972) 721-5382 | |
| 7. City Irving | 8. State Texas | 9. ZIP code 75062 | |
| 10. Who can we contact about employee health coverage at this job? Benefits Manager | | | |
| 11. Phone number (if different from above) (972) 721-5255 | | 12. Email address benefits@udallas.edu | |

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

University of Dallas offers group health plan coverage through CARES to any employee who meets the following eligibility criteria:

- (a) is regularly scheduled to work at a position at the University of Dallas for at least the minimum percentage of a time employee load, which shall not be less than 30 hours per week; or
- (b) is a faculty member under academic contract with the University of Dallas for at least the minimum percentage of a full time teaching load, equivalent as defined by the University of Dallas during the academic year; or
- (c) is on an approved leave of absence, approved sabbatical, or approved disability leave, and was a participant in the plan prior to the effective date of the approved leave or sabbatical.

University of Dallas offers group health plan coverage through CARES to the following eligible dependents of a covered employee:

- (a) legal spouse
- (b) child who is less than age 26 where the child
 - (1) is one of the following
 - Your biological child, legally adopted child (including a child placed with you for adoption), child of your spouse, or a child for whom you are the legal guardian (as determined by an authorized placement agency, or by judgment, decree, or an order for court);
 - Note: A child who is your step-child will no longer be an eligible dependent in the event of divorce
 - (2) is required to be covered in accordance with applicable requirements of an qualified medical child support order as defined by ERISA Section 609;
 - (3) your grandchild who has the same residence as you for more than one-half of the year and for whom you (or your spouse) provide more than one-half of the child's support and maintenance (a notarized certificate of dependent status may be required, contact the Human Resources office for additional information); or
- (c) your unmarried child who is age 26 or older who;
 - is subjected to physical or mental impairment or disability which can be expected or result in death or which has lasted or is expected to last for a continuous period of not less than 12 months; and
 - is unable to engage in any substantial gainful activity due to such physical or mental impairment;
 - for whom such physical or mental impairment is submitted to the plan administrator within the 31 days period following the date the child would otherwise lose dependent status.

If a dependent meeting the criteria in the previous bullet above is the dependent of a retired dependent, and the retired dependent ceases to be covered under this plan for any reason; then the dependent will cease to be covered upon the later of (a) the dependent's attainment of age 26 or (b) the date the retired participant ceases to be covered under this plan.

University of Dallas offers group health plan coverage through CARES to an eligible retiree who:

- (a) is a participant in the plan during the 3 month period immediately prior to retirement from University of Dallas;
- (b) was actively working on the day prior to retirement;
- (c) is at least 55 years of age and has a minimum of 10 years of continuous service with the University of Dallas from the most recent hire

date; and

(d) the sum of such employee's age and years of service is at least 75.

If you are a retired participant, your coverage under this plan will cease on the date you attain age 65 and are eligible for Medicare. If you are the covered spouse of a retired participant your coverage under the plan will cease on the date you attain age 65 (regardless of when the retired participant attained age 65). The coverage of a dependent child of a retired participant who is no longer eligible for coverage under this plan (due to attainment of age 26 and/or eligibility for Medicare) will cease on the last day of the month in which the dependent child attains age 26 (regardless of whether the child is considered disabled under the definition of "dependent"). However, you and/or your dependent may be eligible to enroll in the University of Dallas' Medicare supplemental coverage through Extend Health. Please contact your Human Resources office for additional information regarding that plan.

D 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? \$ _____

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

* 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)

