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September 13, 2013

Dear Clergy and Lay Leaders,

In compliance with the Patient Protection and Affordable Care Act (ACA), enclosed are documents required for distribution to all employees, clergy and lay, in our diocese. Specifically, information is provided regarding the availability of coverage available through the Health Insurance Marketplace.

Although our eligible clergy and lay employees are covered by the denominational health plan (through the Episcopal Church Medical Trust), we are still required to make notification to them regarding the Marketplace insurance. Other than distribution of the enclosed materials, there are no action items for you or your clergy or lay staff person UNLESS they wish to enroll in a Marketplace Coverage option.

## IMPORTANT NOTE

If a clergy or lay person currently enrolled in our denominational health plan (through the Episcopal Church Medical Trust) wants to buy coverage through the Marketplace, you, as the employer, must notify him/her that s/he will lose all employer paid healthcare coverage.

All of the documents in this packet are available in an electronic format. If it is helpful, please email me at <a href="mailto:jhardy@edomi.org">jhardy@edomi.org</a> and I would be happy to send them to you. Or, you may download the documents at <a href="http://cpg.org/model-DHP">http://cpg.org/model-DHP</a>.

Do not hesitate to contact me as questions arise.

Faithfully,

Canon Jo Ann Hardy Diocesan Administrator

313.833.4422 jhardy@edomi.org

Enclosed:

New Health insurance Marketplace Coverage Options Episcopal Medical Trust Waiver of Benefits Form



# New Health Insurance Marketplace Coverage Options: Frequently Asked Questions for Episcopal Church Employees

The Patient Protection and Affordable Care Act (ACA), which is sometimes referred to as "healthcare reform", provides a new option for buying healthcare coverage. Under the ACA, each state will have a Health Insurance Marketplace (Marketplace) through which individuals may apply for private health insurance and enroll in a health plan starting October 1, 2013, with coverage starting January 1, 2014.

The attached document "New Health Insurance Marketplace Coverage Options provides more information about the Marketplace and options that may become available to you. You can get more information to help you evaluate our coverage options and eligibility for a premium tax credit, as well as information specific to your state's Marketplace at <a href="https://www.healthcare.gov">www.healthcare.gov</a>.

# Why am I receiving this notice?

The ACA requires employers to notify their employees of the existence of the Marketplace.

#### Do I have to get my health coverage through the Marketplace?

No. You may continue to be covered by your current health plan. The Marketplace is just one of the options available to you for coverage. Because the Marketplace is a new option, the ACA requires your employer to let you know about it.

You should be aware that, unlike plans offered through The Episcopal Church Medical Trust (the Medical Trust), if you choose to purchase healthcare coverage through the Marketplace, your employer will be unable to contribute towards the cost of that plan so you will lose all employer contributions toward the cost of healthcare coverage. Additionally, you will lose the pre-tax treatment of any required employee contribution because any premiums you pay for Marketplace coverage cannot be made on a pre-tax basis.

#### Am I eligible for a premium tax credit?

Premium tax credits are available only to individuals who purchase healthcare coverage through the Marketplace. However, an individual with access to employer-provided coverage that meets minimum value criteria (all Medical Trust plans are above minimum value) and whose contribution for the lowest cost single coverage option does not exceed 9.5% of his or her household income will not be eligible for a premium tax credit. Based on an analysis by the Medical Trust, it is unlikely that many employees currently enrolled in Medical Trust plans would meet the requirements for a premium tax credit.

Premium tax credits will be based on the cost of the Marketplace "silver plans." The majority of the Medical Trust's plans are "gold" or "platinum" plans, which means that employees covered under the DHP who purchase healthcare coverage through the Marketplace instead probably will have to pay an additional amount to obtain the same coverage they have now.

#### What should I do if I decide to purchase health coverage through the Marketplace?

In order to opt out of the Denominational Health Plan and purchase coverage on the Marketplace, you will need to certify that you are eligible for a premium tax credit on the Marketplace. The Medical Trust has prepared a Waiver of Health Benefits form and provided it to your employer. If you are eligible for OR have health benefits coverage through the Medical Trust, you must complete the form and return it to your employer, who will send it to the diocesan health benefits administrator. If your diocesan administrator requires additional information, s/he will contact your



employer. If you aren't eligible for or don't have health benefits coverage through the Medical Trust, there are no additional forms for you to complete.

## How can I get more information?

For more information about coverage offered through the Medical Trust, please check your Member Handbook or contact a Medical Trust Client Engagement representative at (800) 480-9967.

Please note that this information is provided for informational purposes only and should not be viewed as legal, tax or other advice. Please consult with your own personal advisor for further guidance.

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.<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 our Diocesan Administrator. Canon Jo Ann Hardv at 313.833.4422 or ihardv@edomi.org

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.

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

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. Emp	loyer	name			4. Employer Ident	ification Number (EIN)
5. Emp	oloyer	address			6. Employer phone	e number
7. City				8. :	State	9. ZIP code
10. Wh	no car	n we contact about employee health coverag	e at this job?			
11. Ph	one r	number (if different from above)	12. Email address			
Here is		e basic information about health coverage our employer, we offer a health plan to: All employees.	e offered by this emplo	yer:		
	<b>V</b>	Some employees. Eligible employees are	e:			
		Exempt Employees, Non-Exempt Emplo per plan year.	yees normally schedule	d to	work 1,000 or mo	re compensated hours
٠	With	respect to dependents: We do offer coverage. Eligible depender	nts are:			
		a spouse; a child 30 years of age or younger on De 31st of the current year, provided the disability be is offered. A qualified child includes a natural child	gan before the age of 25; a d	omes	tic partner and his/her cl	hild(ren) when such coverage
		We do not offer coverage.				
	If ch	necked, this coverage meets the minimum affordable, based on employee wages.	n value standard, and t	he c	ost of this coverag	e to you is intended to
		Even if your employer intends your coveradiscount through the Marketplace. The Mato determine whether you may be eligible week to week (perhaps you are an hourly employed mid-year, or if you have other	arketplace will use your for a premium discour employee or you work	hount. If	usehold income, ale , for example, your a commission basis	ong with other factors, wages vary from s). if vou are newly

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit 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 <b>only to the employee</b> (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 th kno	ne plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't w, 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 will the employee have to pay in premiums for that plan? \$  b. How often? Weekly Every 2 weeks Twice a month Wonthly Quarterly Yearly  Date of change (mm/dd/yyyy):

<sup>•</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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



# The Episcopal Church Medical Trust Waiver of Health Benefits Health Insurance Marketplace

<b>Employe</b>	e Information (Employee Shou	ld Complete)					
Employee Last Name		Employee	Employee First Name				
Employee Add	ress	Employe	e Phone Number		10 A. M. A. H. A. A.		
Employee City	,	Employe	e State	Empl	oyee Zip		
Employee Ema	ail Address	Current I	Household Size*	Annu	al Household Income*		
Current Medic	al Trust Health Plan	Medical '	Medical Trust Plan Termination Date				
Insert the	Household Size and Annual Household	d Income you used on	your Marketpl	ace App	lication		
moert the	riouseriold olze and rimidal riouseriol	a meome you used on	your marketpi	acc ripp	neation.		
Employe	r Information (Employer Shoul	ld Complete)					
Employer Nam			Identification Num	ber (EIN)			
Employer Add	ress	Employer	Employer Phone Number				
Employer City		Employer	State		Employer Zip		
Employer City		Limpioyer	State		Employer Zip		
Employer Ema	il Address						
Current Contri	ibution towards Employee Health Coverage (Enter	employer monthly contribution	on)				
Emmlove	o A alam avvil a da amama						
	e Acknowledgement ig below, I acknowledge						
	have been offered health bene	fite coverage thro	ugh the Den	omina	tional Woolth Dlan from		
		ills coverage tillo	ugn the Den	Omma	nonai meaith rian from		
my employer.							
• I decline enrollment/am terminating my current coverage at this time because I am purchasing a health plan through the local health insurance Marketplace and can establish							
	that I am eligible to receive a pr			viarkei	piace and can establish		
				M	J		
	• By purchasing a health plan through the local health insurance Marketplace, I understand that I forfeit (1) any employer contribution, if any, to a health plan through the						
	Denominational Health Plan ar		treatment of	any p	ersonal contribution		
	owards the cost of health cove				m 1 - 1		
	I understand that if my household income increases during the year, I may be required to						
	<ul> <li>pay back all or a portion of the premium tax credit to the government.</li> <li>I acknowledge that there may be other financial considerations and personal tax</li> </ul>						
	consequences resulting from this decision and I acknowledge that I have been advised to consult with my tax advisor at my own expense prior to executing this form.						
C	consult with my tax advisor at	my own expense	prior to exec	cuting 1	this form.		
	Employee Signature	_			Data		
	Employee Signature				Date		

Please return this form and the requested documentation to your diocesan administrator so that your health benefits through the Denominational Health Plan may be cancelled in a timely manner.



# Health Insurance Marketplace Information (Please attach a copy of documentation obtained from Marketplace)

(Please attach a copy	y of documentation obtained from	m Marketplace)		
Carrier Name	Policy Number			
Monthly Premium	Projected Premium Tax Cred	Projected Premium Tax Credit		
Coverage Level (Single, Family, etc)	Plan Type	Coverage Effective Date		