

COUNTY OF DUNN

DEPARTMENT OF ADMINISTRATION



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Subject: Employer Notice of Health Insurance Marketplace

Dunn County is required to provide all employees with a notice of the availability of the Health Insurance Marketplace and information on health insurance coverage available through your employment. The Health Insurance Marketplace notice is included.

Beginning in 2014, the federal Affordable Care Act (ACA) requires most everyone to obtain health insurance for themselves and their dependents or pay a penalty when filing their tax returns. The Marketplace (or Exchange) is a new option for people to obtain health insurance.

If you are covered under the Dunn County group health insurance that is offered to employees, you do not need to enroll through the Marketplace or take any action, unless you choose to do so. You may want to review the plans available through the Marketplace beginning on October 1, 2013 to see if they may better suit your needs.

For detailed information about the Health Insurance Marketplace and your available options, visit the following website:

- o New Health Insurance Marketplace Coverage Options and Your Health Coverage: <https://www.healthcare.gov/marketplace/individual/#state=wisconsin>
- o Additional information including Frequently Asked Questions (FAQs), contacts, affordability, and Marketplace subsidies: <https://www.healthcare.gov/>

Note: Should you decide to cancel your health insurance plan provided through your employer, you must submit the appropriate application to your payroll office.



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 Dunn County		4. Employer Identification Number (EIN) 39-6005690	
5. Employer address 800 Wilson Avenue		6. Employer phone number 715-232-2429	
7. City Menomonie	8. State: WI	9. ZIP code: 54751	
10. Who can we contact about employee health coverage at this job? Patty Isaacson			
11. Phone number (if different from above)		12. Email address pisaacson@co.dunn.wi.us	

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:

- Classified as a full-time or 80% employee regularly scheduled to work a minimum of 32 hours per week; or part-time employee working less than 32 hours a week.
- Employees/early retirees who retire from the county at age 55 or at age 50 if in protected services may continue to participate until such time as the former employee/early retiree or his/her spouse becomes eligible for Medicare, whichever occurs later.
- Eligible management employees who leave service may continue to participate until such time as the former employee or his/her spouse becomes eligible for Medicare, whichever occurs later.
- A dependent of the employee. An employee must enroll for coverage in order to enroll his or her dependents. If both parents are covered as employees, a child may be covered as a dependent of either or both parents.

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

- Lawful spouse of the opposite sex and does not include a common law spouse regardless if recognized under other state or country law.
- Children, from birth through age 25, including:
 - natural child
 - Child who is legally adopted by or placed with covered employee for legal adoption from the earlier of the adoption date or the date of placement for adoption.
 - Stepchild
 - Unmarried grandchildren who reside in home in an on-going parent/child relationship that is intended to continue until their parent, your covered dependent reaches age 18 and are dependent on you for a majority of their financial support and are claimed as income tax dependents on your federal income tax return.
 - Child for whom covered employee is the legal guardian appointed by a court of law
 - Child covered under a valid Qualified Medical Child Support Order which is enforceable against an eligible employee or a covered employee.
- Children who are age 27 or more when discharged from military and who are enrolled as students in regular full-time attendance at an accredited secondary or post-secondary educational institution as recognized by the U.S. Secretary of Education, which is an accredited high school, university, four-year college, community college, technical school or vocational school.
- Dependent children who are disabled.

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 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 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)