

MNsure Coverage Options and Your Health Coverage: For Employees whose Employers offer health coverage

General Information

When key parts of the health care law known as the Affordable Care Act take effect, there will be a new place to buy health insurance in Minnesota: MNsure. To assist you as you evaluate options for you and your family, this notice provides some basic information about MNsure and employment-based health coverage offered by your employer.

What is MNsure?

MNsure is designed to help you find health insurance that meets your needs and fits your budget. MNsure 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 for health insurance plans sold through MNsure or free or low-cost insurance from Medical Assistance or MinnesotaCare. Open enrollment for health insurance coverage through MNsure begins in October 2013 for coverage starting January 1, 2014.

Can I Save Money on my Health Insurance Premiums through MNsure?

Yes. You may qualify to save money and lower or eliminate your monthly premium. You may qualify for a tax credit or MinnesotaCare 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 MNsure?

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 or MinnesotaCare through MNsure 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, a reduction in certain cost-sharing, or MinnesotaCare if your employer does not offer coverage that meets certain standards. If the cost of a plan from your employer for you, the employee only, is more than 9.5% of your household income for the year, or if the coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹ If you are seeking help paying costs for health coverage through MNsure, you will need information about the cost and value of your employer coverage to complete an online or paper application. If your employer offers health coverage to you, ask your employer to complete and give you the Health Coverage from Jobs (Appendix A) form.

Note: If you purchase a health plan through MNsure 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 MNsure 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

There is help available to you to evaluate your coverage options through MNsure, including your eligibility for coverage through MNsure and its cost. Please visit www.MNsure.org for more information, including an online application for health insurance coverage, or call 1-855-3MNsure (1-855-366-7873).

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.

APPENDIX A Health Coverage from Jobs

Answer these questions if someone in the household is eligible for health coverage from a job, but is not enrolled. Attach a copy of this page for each job that offers coverage. **Take this form to your employer that offers coverage to help you answer these questions.** You can use this information to complete your application.

EMPLOYEE Information

1. EMPLOYEE NAME (FIRST, MIDDLE, LAST)	2. EMPLOYEE SOCIAL SECURITY NUMBER
--	------------------------------------

EMPLOYER Information

3. EMPLOYER NAME Medica	4. EMPLOYER IDENTIFICATION NUMBER (EIN) 85-2902940	
5. EMPLOYER ADDRESS 401 Carlson Parkway		6. EMPLOYER PHONE NUMBER
7. CITY Minnetonka	8. STATE MN	9. ZIP CODE 55305
10. Whom can we contact about employee health coverage at this job? Michelle Benny		
11. PHONE NUMBER (if different from above) 952-992-8671	12. EMAIL ADDRESS MedicaHR.Benefits@medica.com	

13. Were you offered coverage through a job for the current plan year, or will you be eligible for coverage in the next three months?

Note: Answer yes if you could have enrolled but did not, even if you did not want coverage or thought it was too expensive.

Yes – continue

13a. If you are in a waiting or probationary period, when could coverage begin (MM/DD/YYYY)?

List the names of anyone else that is eligible for coverage from this job.

No – stop here and go to step 3 in the application

Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*? <input checked="" type="radio"/> Yes <input type="radio"/> No
a. What is the name of the lowest-cost plan offered only to the employee by the employer? <u>3250- 20% HSA</u>
b. How much would the employee pay in premiums for this plan if he or she received the maximum discount for not using tobacco or any tobacco cessation program offered? \$ <u>0</u>
c. How often? <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
15. What change will the employer make for the new plan year (if known)?
<input type="checkbox"/> Employer will not offer health coverage
<input type="checkbox"/> 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 discounts for not using tobacco and tobacco cessation programs. See question 14.)
a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
Date of change (MM/DD/YYYY): _____

* Plans that pay at least 60 percent of allowed costs and cover most inpatient hospital and physician services meet the "minimum value standard" (see Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).



NEED HELP WITH THIS APPLICATION? Visit www.mnsure.org or call us at **651-539-2099** (855-366-7873 outside the Twin Cities). If you need help in a language other than English, tell us the language you need. We will get you help at no cost to you.

Employer Coverage Tool

Use this tool to help answer questions in Appendix A about any employer health coverage that you are eligible for (even if it is from another person's job, like a parent's or spouse's). The information in the numbered boxes below matches the information in the boxes on Appendix A. For example, the answer to question 14 on this page should match the answer to question 14 on Appendix A. Write your name and Social Security number in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage.

EMPLOYEE Information

1. EMPLOYEE NAME (FIRST, MIDDLE, LAST)	2. EMPLOYEE SOCIAL SECURITY NUMBER
--	------------------------------------

EMPLOYER Information

3. EMPLOYER NAME Medica	4. EMPLOYER IDENTIFICATION NUMBER (EIN) 85-2902940	
5. EMPLOYER ADDRESS (The marketplace will send notices to this address) 401 Carlson Parkway	6. EMPLOYER PHONE NUMBER	
7. CITY Minnetonka	8. STATE MN	9. ZIP CODE 55305
10. Whom can we contact about employee health coverage at this job? Michelle benny		
11. PHONE NUMBER (if different from above) 952-992-8671	12. EMAIL ADDRESS MedicaHR.Benefits@medica.com	
13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next three months? NOTE: Answer yes if the employee could have enrolled in coverage for the current plan year but did not, or will be eligible for coverage in the next three months. <input checked="" type="radio"/> Yes – continue 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when will the employee be eligible for coverage? _____ (MM/DD/YYYY) <input type="radio"/> No – STOP and return form to employee		

Tell us about the health plan offered by this employer.

Does the employer offer a health plan that covers an employee's spouse or dependent?

Yes – which people? Spouse Dependent(s) No – go to question 14

14. Does the employer offer a health plan that meets the minimum value standard*? <input checked="" type="radio"/> Yes – continue <input type="radio"/> No – STOP and return form to employee a. What is the name of the lowest-cost plan offered only to the employee by the employer? <u>3250-20% HSA</u> b. How much would the employee pay in premiums for this plan if he or she received the maximum discount for not using tobacco or any tobacco cessation program offered? \$ <u>0</u> c. How often? <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
If the plan year will end soon and you know that the health plans offered will change, go to question 15. If you do not know, STOP and return form to employee.
15. What change will the employer make for the new plan year? <input type="checkbox"/> Employer will not offer health coverage <input type="checkbox"/> 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 not using tobacco and tobacco cessation programs. See question 14.) a. How much would the employee have to pay in premiums for this plan? \$ _____ b. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Date of change (MM/DD/YYYY): _____

* Plans that pay at least 60 percent of allowed costs and cover most inpatient hospital and physician services meet the "minimum value standard" (see Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).



NEED HELP WITH THIS APPLICATION? Visit www.mnsure.org or call us at **651-539-2099** (855-366-7873 outside the Twin Cities). If you need help in a language other than English, tell us the language you need. We will get you help at no cost to you.