



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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## 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 the Benefits Office at 800-523-4702.

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   |          | 4. Employer Identification Number (EIN) |  |
| 5. Employer address  |          | 6. Employer phone number                |  |
| 7. City  | 8. State | 9. ZIP code                             |  |
| 10. Who can we contact about employee health coverage at this job? |          |   |  |
| 11. Phone number (if different from above)                         |          | 12. Email address                       |  |

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:

Employees working in Covered Employment are initially eligible for coverage by the NEI Health Benefit Plan on the first day of the month after completing 100 hours of work in six 30-day periods within a consecutive nine-month period. Generally, an employee continues to be eligible for coverage by working either 80 hours in a calendar month, 160 hours in two calendar months or 300 hours in three calendar months. Full details about eligibility are available in the NEI Health Benefit Plan Summary Plan Description.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Eligible dependent include a legally married Spouse as recognize under state law and a Child who is your biological child, adopted child or child place with you for adoption or a stepchild. Full details about dependent coverage are available in the NEI Health Benefit Plan Summary Plan Description

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? \$ \_\_\_\_\_

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)

# NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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## Employer Notice Requirement – Action Required!

The Patient Protection and Affordable Care Act (PPACA) requires employers to provide a notice to all employees of the coverage options available in the Marketplace. **The notice must be provided to every current employee no later than October 1, 2013** and within 14 days of the start date for new employees thereafter.

The purpose of the notice is to inform your employees of coverage options. This notice must include:

- Information regarding the existence of the new Marketplace, contact information and description of the services provided by a Marketplace.
- A statement that the employee may be eligible for a premium tax credit for a qualified health plan through the Marketplace and that if the employee purchases a qualified health plan through the Marketplace when the employer's coverage meets the minimum value and affordability standards, the employee may lose the employer contribution to any health benefits plan offered by the employer.

The Department of Labor's model notice for employers who provide health coverage to any of their employees (entitled "New Health Insurance Marketplace Coverage Options and Your Healthcare Coverage") must be completed and mailed first-class or via hand-delivery to all employees. This model notice is available in PDF format at <http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>. Part A of the model notice includes general information about the Marketplace and eligibility. Employers should complete the contact information at the bottom of the page. Part B provides the employee with information about the employer-sponsored medical coverage. Employers are required to complete the entire page. The completion of the third page (questions 13-16) is optional.

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## Notice for Employees Covered by the NEI Health Benefit Plan

***The following is information you need about the National Elevator Industry Health Benefit Plan to complete the second half of Part B of the Notice.***

**Eligibility:** Employees working in Covered Employment are initially eligible for coverage by the NEI Health Benefit Plan on the first day of the month after completing 100 hours of work in six 30-day periods within a consecutive nine-month period. Generally, an employee continues to be eligible for coverage by working either 80 hours in a calendar month, 160 hours in two calendar months, or 300 hours in three calendar months. Full details about eligibility are available in the NEI Health Benefit Plan Summary Plan Description.

**Eligible Dependents.** Eligible dependents include a legally married Spouse as recognized under state law and a Child who is your biological child, adopted child or child placed with you for adoption, or a stepchild. Full details about dependent coverage are available in the NEI Health Benefit Plan Summary Plan Description.

**Minimum Value and Affordability.** **The NEI Health Benefit Plan meets the minimum value standard, and the cost of this coverage is affordable.**

*This information only applies to your employees who are eligible for coverage under the National Elevator Industry Health Benefit Plan. You may need to provide additional information on the model notice or provide a separate notice for employees who are covered under another health plan.*

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For questions regarding the model notice and requirements, please visit the Department of Labor's website at <http://www.dol.gov/ebsa/newsroom/tr13-02.html>.

For questions regarding the National Elevator Industry Health Benefit Plan, please contact the Benefits Office at (800) 523-4702.