Healthcare Reform and Your Benefits



You and Healthcare Reform

The Patient Protection and Affordable Care Act (PPACA, also known as Healthcare Reform) is a set of laws that affect healthcare coverage in the United States. While there is a lot of information on this topic in the media, some of it may seem confusing or conflicting. To help you navigate the road ahead, we have highlighted the key items you need to know.

You and your benefits through Lee County Schools

Your wellbeing is important to us. Lee County School continues offering health and wellness benefits to full time employees to help you and your family stay healthy and provide financial protection against high medical costs. The plans we offer, and the company's contribution to them, exceeds the standards for an "affordable healthcare plan" under federal law.

Over the past few years and going into next year, we have made changes to improve the healthcare plans The State Health Plan offers, in line with new federal mandates. These changes include allowing dependents to remain on your plan until age 26, limiting your out-of-pocket and lifetime maximums, and removing coverage limitations for pre-existing conditions.

We also now offer more employees the opportunity to enroll in our benefits. If you work more than 30 hours per week, you will be eligible to enroll in coverage as of October 1, 2013.

Next Steps

Open enrollment for Health Insurance benefits for Lee County Schools eligible employees starts on October 1, 2013.

You will receive an email and mailers at your home address with instructions on how to select and enroll in your benefits.

Please be aware that the new federal law requires everyone to have health insurance coverage as of January 1, 2014. If you choose to waive coverage and are not covered under a different health plan, you may be subject to a penalty. If you choose to be covered under Lee County Schools plan, you will meet your requirement for coverage.

Lee County Schools open enrollment is not associated with the insurance marketplace. This is only a notice to inform you about Healthcare Reform.

You and Insurance Marketplaces (Exchanges)

You may have heard about new health insurance marketplaces. Individuals who are not offered qualified healthcare coverage through their employer may be eligible for government subsidies to help pay for health insurance premiums for plans purchased in these marketplaces (based on the level of their income and number of dependents). Due to the high standard of health coverage Lee County School offers, a majority of our employees will not be eligible for these subsidies.

To find out more about the new insurance marketplaces, visit **healthcare.gov**, or take a look at these Frequently Asked Questions: **gbshealthcarereform.com/faqforemployees**. You will also receive a "New Health Insurance Marketplace Coverage Options and Your Health Coverage" notice which will provide you with detailed information on this topic.

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 WWW.SHPNC.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.

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.