



2022-2023 Benefit Guide

Shepherd Public Schools



 Leavitt Group

Shepherd Public Schools strives to provide you and your family with a comprehensive and valuable benefits package.

We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide outlines the benefits Shepherd Schools offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **July 1, 2022**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Kinsey Szillat, District Clerk, 406-373-5461, ext 104 or k-szillat@shepherd.k12.mt.us.



When can I enroll?

Open enrollment for medical, dental and vision is in May for a July 1 effective date. During this time period, employees will have the option to make changes to their current benefits for the new plan year.

Upon initial hire, employees will work with Shepherd Public Schools benefits personnel to make elections.

- ✓ Enroll/drop medical, dental, or vision coverage
- ✓ Add/drop dependents coverage
- ✓ Change your medical plan election
- ✓ Complete Flex elections for 2022–2023
- ✓ Complete HSA elections for 2022–2023

Enrollment Process

Fill out an election sheet stating what benefits you want this next year. You will only need to fill out enrollment forms if you are making changes.

Medical

- Add/term yourself or dependents/EBMS Enrollment Form
- Change plan election - EBMS Enrollment Form

Flex & Health Savings Account

- American Fidelity 2022 Flex Online Enrollment
- American Fidelity 2022 HSA Online Enrollment

Dental, Vision, & Life

- Add/term dependents – Delta Dental Enrollment Form
- Change of beneficiary – Life insurance beneficiary form
- Add/term dependents – VSP Enrollment Form

WHEN CAN I MAKE CHANGES?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:



Marriage, divorce, or legal separation



Birth or adoption of a child



Change in child's dependent status



Death of a spouse, child, or other qualified dependent



Change in residence



Change in employment status or a change in coverage under another employer-sponsored plan

Your Benefit Plans – Contact Information

CARRIER	PLAN	WEBSITE/EMAIL	PHONE #
EBMS	Medical	www.ebms.com	800.777.3575
SMITHRX	Pharmacy	www.mysmithrx.com	844.454.5201
Delta Dental	Dental	www.deltadentalins.com	800.521.2651
VSP	Vision	www.vsp.com	800.877.7195
Dearborn National	Group Life AD&D	www.dearbornnational.com	800.348.4512
American Fidelity	Health Savings Account	www.AFHSA.com	855.258.8471
American Fidelity	Flexible Savings Account Voluntary Benefits	www.AFAdvantage.com	800.325.0654 800.323.3748
Shepherd Schools	District Clerk	Kinsey Szillat k-szillat@shepherd.k12.mt.us	406.373.5461
LEAVITT GREAT WEST	Benefits Advisor	Nick Prinzing, Benefits Advisor nick-prinzing@leavitt.com Cindy Zipperian, Account Executive cindy-zipperian@leavitt.com	406.315.4222 406.447.3312

Medical Insurance

INSURED BY: JOINT POWERS TRUST & EBMS

The Traditional & HDHP medical plans have a calendar year deductible and utilize the First Choice Health PPO Provider Network. You can find providers at www.fchn.com.

BENEFIT	TRADITIONAL \$500	HDHP \$ 2,800
Deductible	\$500 Individual \$1,000 Family	\$2,800 Individual \$5,600 Family
Coinsurance	80/20	100/0
Out-of-Pocket Max (medical)	\$2,000 Individual \$4,000 Family	\$2,800 Individual \$5,600 Family
Office Visit	\$25 Copay/Deductible Waived	Deductible and Coinsurance Applies
Emergency Room	Deductible and Coinsurance Applies	Deductible and Coinsurance Applies
WellVia Telehealth	\$35 Copay	\$35 Copay
Preventive Care	Deductible waived, paid at 100% - based on DPHHS guidelines	Deductible waived, paid at 100% - based on DPHHS guidelines
PRESCRIPTION BENEFITS		
Deductible	\$150	Medical Deductible and Coinsurance Applies
Generic	100%	Deductible and Coinsurance Applies
Brand (formulary)	\$40 copay/30-day supply (retail) \$80 copay/90-day supply (mail order only)	Deductible and Coinsurance Applies
Brand (non-formulary)	60% coinsurance up to \$200/prescription (retail) 60% coinsurance up to \$400/prescription (mail order)	Deductible and Coinsurance Applies
Specialty	\$100 copayment/prescription- formulary \$200copayment/prescription – non-formulary	Deductible and Coinsurance Applies

BENEFIT	HDHP \$3,500	HDHP \$4,000
Deductible	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family
Coinsurance	100/0	100/0
Out-of-Pocket Max	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family
Office Visit	Deductible and Coinsurance Applies	
Emergency Room	Deductible and Coinsurance Applies	
WellVia Telehealth	\$35 Copay	
Preventive Care	Deductible waived, paid at 100% - based on DPHHS guidelines	
PRESCRIPTION BENEFITS		
Generic	Deductible and Coinsurance Applies	Deductible and Coinsurance Applies
Brand (formulary, non-formulary)	Deductible and Coinsurance Applies	Deductible and Coinsurance Applies
Specialty		

***NOTE:** All employees that have medical are automatically enrolled in Basic Life \$5,000/AD&D \$15,000*

Prescription Drug Resources

Visit www.mysmithrx.com to find the following information:

- ◁ Best pricing on prescription drugs
- ◁ Potential cost saving alternatives
- ◁ Mail order options and forms
- ◁ A record of Rx purchases

miBenefits - EBMS

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? miBenefits, the secure member portal from EBMS, can help. Get immediate online access to health and wellness information.

GET STARTED:

- ◀ Go to **www.ebms.com**
- ◀ Click "Login" in the upper left corner
- ◀ Click "Not a Registered User" and input information exactly as it appears on your ID card
- ◀ Username must be an email address

Vision Benefits

INSURED BY: JPT/EBMS; VSP Network

BENEFIT	Preventive In-Network	Buy-up In-Network
Exam 12-months	\$0 Copay	\$0 Copay
Lenses - single, bifocal, trifocal 12-months	20% Discount on Lenses/Frames, including Lens Enhancements	\$20 Copay
Frames 24-months	20% Discount on Lenses/Frames, including Lens Enhancements	\$170 allowance
Contacts 12-months in lieu of glasses	15% Discount on Contact Lens Exam	\$170 Allowance + Co-pay up to \$60

Dental Benefits

INSURED BY: Delta Dental

BENEFIT	In-Network – Plan Pays
Diagnostic & Preventive	100%
Basic	80%
Major	50%
Orthodontics	50%
Annual Maximum	\$1,200
Annual Deductible	\$25/\$75 (excludes diagnostic/preventive services)
Lifetime Orthodontia Maximum	\$1,000

Basic Life/AD&D Benefits

INSURED BY: Fort Dearborn

Benefit	
Class Definitions	Class 1: Eligible certified employees enrolled in medical Class 2: Eligible non-certified employees enrolled in medical
Basic Life/AD&D	Class 1: \$10,000 Class 2: \$10,000
Employer Contribution	Contact Payroll/HR

Health Savings Account

Administered By: American Fidelity

A Health Savings Account (HSA) allows you to fund your out-of-pocket medical, dental, and vision expenses, such as deductibles and copays, with pre-tax dollars. There are no “use it or lose it” rules for HSAs—full funds roll over from year- to-year, making it a great way to save money for future medical expenses. Furthermore, HSA funds can be invested in the market with tax-free earnings to help supplement your retirement.

Before contributing to an HSA, here are a few things you should know:

- ◀ The amount you contribute to an HSA is deducted from your paycheck before income taxes.
- ◀ Any money left in the account at the end of the year will roll forward to the next year.
- ◀ You may no longer contribute to your HSA beginning with the first month you are enrolled in Medicare.
- ◀ If you currently participate in a Flex Plan Medical Spending Account (FSA), you will not be eligible to contribute to an HSA
- ◀ KEEP YOUR RECEIPTS – HSA’s are self-administered. Individuals must keep records sufficient to prove that the expenses were incurred.

	2022 MAXIMUM CONTRIBUTIONS
Single Coverage	\$3,650
Family Coverage	\$7,300
Age 55+ Catch-up	\$1,000

WHO QUALIFIES?

To be eligible for a Health Savings Account (HSA), you must:

- ◀ Be covered under a Qualified High Deductible Health Plan (QHDHP) on the first day of the month
- ◀ Not be enrolled in Medicare
- ◀ Have no other non-HDHP coverage
- ◀ Not be claimed as a dependent on another person’s tax return



If you are an eligible individual who is age 55 or older at the end of the tax year, you may contribute an additional \$1,000 as a catch-up contribution each year.



24/7/365
Access to Doctors

U.S. Board Certified, State Licensed
Primary Care - Pediatrics - Urgent Care



HOW WELLVIA WORKS



HEALTHCARE THAT MAKES CENTS

Type of Visit	Average Cost
Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400
WELLVIA	\$35

2013 Medical Expenditure Panel Survey / MEPS

COMMON CONDITIONS TREATED

- Acid Reflux
- Allergies
- Asthma
- Bladder Infection
- Bronchitis
- Cold & Flu
- Infections
- Nausea
- Rashes
- Sinus Conditions
- Sore Throat
- Thyroid Conditions
- Urinary Tract Infection
- and more...



www.WellViaSolutions.com



Member Services: (855) WELLVIA



Disclaimer: WellVia services are for non-emergency conditions only. WellVia does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. WellVia doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.wellviasolutions.com

WellVia \$35 How It Works

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Sapphire Resource Connection's EAP services define the core of who we are as a newly developed and founded Montana corporation. The EAP services provided are based on a menu-driven model that not only exceeds the quality of other programs, but strives to always provide the best in customer service and at an affordable price. Sapphire Resource Connection prides itself in the exceptional quality of our EAP counselor panel. Our EAP counselors are simply the best! Our EAP services include:

- ▶ Simple, prompt, direct access to EAP counselors
- ▶ Face-to-face or Telephonic, short-term counseling/4 Covered Visits **PER YEAR**- No out of pocket to the members
- ▶ Personalized EAP account management
- ▶ Supervisor Training Sessions – On-site sessions focus on ensuring that managers are well versed on the basics of the EAP benefit so they are able to explain the program to their employees. Furthermore, these sessions train supervisors how best to use the EAP as an effective management tool.
- ▶ Employee Orientation Sessions – On-site group training sessions are interactive and focus on ensuring that employees are fully educated on the features and benefits of their EAP program.
- ▶ Topical Training Sessions – Customized topical training sessions are available to employers upon request. The sessions are knowledge-based and are available on a wide variety of topics (i.e., change management, sexual harassment, drug-free workplace, etc.).
- ▶ On-line resources – Visit: www.sr-connection.com
- ▶ 24 hours, 7 days a week – toll-free crisis line 1-(866) 767-9511

CONFIDENTIAL ASSESSMENT, SOLUTION AND INTERVENTION SERVICES:

- | | |
|---------------------------|----------------------|
| *Stress | *Alcohol/Drug Issues |
| *Work/Life Balance | *Anxiety/Depression |
| *Work Pressures | *Financial Issues |
| *Marital Issues | *Grief |
| *Illness/Medical Concerns | |

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

IMPORTANT LEGAL NOTICES AFFECTING YOUR HEALTH PLAN COVERAGE

THE WOMENS HEALTH CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance: \$4000/\$8000 deductible, 100%/0% coinsurance.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, HIPAA Special Enrollment Rights require your plan to allow you and/or your dependents to enroll in your employer's plans (except dental and vision plans elected separately from your medical plans) if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days (60 days if the lost coverage was Medicaid or Healthy Families) after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Other midyear election changes may be permitted under your plan (refer to "Change in Status" section). To request special enrollment or obtain more information, contact your Human Resources Representative.

"HIPAA Special Enrollment Opportunities" include:

- COBRA (or state continuation coverage) exhaustion.
- Loss of other coverage ⁽¹⁾.
- Acquisition of a new spouse or dependent through marriage ⁽¹⁾, adoption ⁽¹⁾, placement for adoption ⁽¹⁾ or birth ⁽¹⁾.
- Loss of state Children's Health Insurance Program coverage (e.g., Healthy Families) (60-day notice) ⁽¹⁾.
- Employee or dependents become eligible for state Premium Assistance Subsidy Program (60-day notice).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDRENS HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial (877) KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor at www.askebsa.dol.gov or call (866) 444-EBSA (3272).

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at the telephone number listed at the end of this document and we will work with you to develop another way to qualify for the reward.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

ALABAMA – Medicaid	MINNESOTA – Medicaid	PENNSYLVANIA – Medicaid
Website: www.myalhipp.com Phone: (855) 692-5447	Website: www.dhs.state.mn.us/ Click on Healthcare, then Medical Assistance Phone: (800) 657-3629	Website: www.dpw.state.pa.us/hipp Phone: (800) 692-7462
ALASKA – Medicaid	MISSOURI – Medicaid	RHODE ISLAND – Medicaid
Website: health.hss.state.ak.us/dpa/programs/medicaid/ Phone (outside of Anchorage): (888) 318-8890 Phone (Anchorage): (907) 269-6529	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: (573) 751-2005	Website: www.ohhs.ri.gov Phone: (401) 462-5300
COLORADO – Medicaid	MONTANA – Medicaid	SOUTH CAROLINA – Medicaid
Website: www.colorado.gov/hcpf Phone (in-state): (800) 866-3513 Phone (out-of-state): (800) 221-3943	Website: Medicaid.mt.gov/member Phone: (800) 694-3084	Website: www.scdhhs.gov Phone: (888) 549-0820
FLORIDA – Medicaid	NEBRASKA – Medicaid	SOUTH DAKOTA – Medicaid
Website: https://www.flmedicaidtprecovery.com/ Phone: (877) 357-3268	Website: www.accessnebraska.ne.gov Phone: (855) 632-7633	Website: dss.sd.gov Phone: (888) 828-0059
GEORGIA – Medicaid	NEVADA – Medicaid	TEXAS – Medicaid
Website: dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: (800) 869-1150	Medicaid Website: dwss.nv.gov/ Medicaid Phone: (800) 992-0900	Website: https://www.gethipptexas.com/ Phone: (800) 440-0493
INDIANA – Medicaid	NEW HAMPSHIRE – Medicaid	UTAH – Medicaid and CHIP
Website: www.in.gov/fssa Phone: (800) 889-9949	Website: www.dhhs.nh.gov/oji/documents/hippapp.pdf Phone: (603) 271-5218	Medicaid Website: health.utah.gov/upp CHIP Website: health.utah.gov/chip Phone: (866) 435-7414
IOWA – Medicaid	NEW JERSEY – Medicaid and CHIP	VERMONT – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: (888) 346-9562	Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: (609) 631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: (800) 701-0710	Website: www.greenmountaincare.org/ Phone: (800) 250-8427
KANSAS – Medicaid	NEW YORK – Medicaid	VIRGINIA – Medicaid and CHIP

Website: www.kdheks.gov/hcf/ Phone: (800) 792-4884	Website: www.nyhealth.gov/health_care/medicaid/ Phone: (800) 541-2831	Medicaid Website: www.dmas.virginia.gov/rcp-hipp.htm Medicaid Phone: (800) 432-5924 CHIP Website: http://www.covera.org/programs_premium_assistance.cfm CHIP Phone: (855) 242-8282
KENTUCKY – Medicaid	NORTH CAROLINA – Medicaid	WASHINGTON – Medicaid
Website: chfs.ky.gov/dms/default.htm Phone: (800) 635-2570	Website: www.ncdhhs.gov/dma Phone: (919) 855-4100	Website: www.hca.wa.gov/medicaid/premiumpy_mt/pages/index.aspx Phone: (800) 562-3022 ext. 15473
LOUISIANA – Medicaid	NORTH DAKOTA – Medicaid	WEST VIRGINIA – Medicaid
Website: www.lahipp.dhh.louisiana.gov Phone: (888) 695-2447	Website: www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: (800) 755-2604	Website: www.dhhr.wv.gov/bms/ Phone: (877) 598-5820, HMS Third Party Liability
MAINE – Medicaid	OKLAHOMA – Medicaid and CHIP	WISCONSIN – Medicaid
Website: www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: (800) 977-6740 TTY: (800) 977-6741	Website: www.insureoklahoma.org Phone: (888) 365-3742	Website: www.badgercareplus.org/pubs/p-10095.htm Phone: (800) 362-3002
MASSACHUSETTS – Medicaid and CHIP	OREGON – Medicaid	WYOMING – Medicaid
Website: www.mass.gov/masshealth Phone: (800) 462-1120	Website: www.oregonhealthykids.gov www.hijossaludablesoregon.gov Phone: (800) 699-9075	Website: health.wyo.gov/healthcarefin/equalitycare Phone: (307) 777-7531

To see if any other States have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

If According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays the valid Office of Management and Budget (OMB) Control Number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by the OMB under the PRA and displays the currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5719, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB control number 1210-0137.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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.

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?

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.