

**NOTIFICATION FOR EMPLOYEES
WHO ARE INELIGIBLE FOR PEBP HEALTH INSURANCE**

Dear Employee:

Under the Affordable Care Act (ACA), new employees must receive the following written notice regarding employer sponsored health insurance and the availability of the Nevada Silver State Health Insurance Exchange.

The Public Employees' Benefits Program (PEBP) offers health insurance coverage to eligible employees as follows:

Employees working in a full-time position for a state agency or participating non-state agency are eligible for benefits on:

- The first day of full-time employment, if that date is the first day of the month; or
- The first day of the month immediately following the first day of full-time employment if the first day of employment is on or after the second day of the month.

Professional employees of the Nevada System of Higher Education (NSHE) who have annual employment contracts are eligible for benefits on:

- The effective date of an employee's respective employment contract, if that date is on the first day of a month; or
- The first day of the month immediately following the effective date of an employee's respective employment contract, if those dates are not on the first day of a month.

Under the Federal Affordable Minimum Essential Coverage (AMEC) requirement, health insurance is affordable if an employee's share of the health insurance offered to the employee (doesn't include family plans) is less than 9.56% of the employee's household taxable income. PEBP-sponsored medical plans meet the AMEC.

In Nevada, the Health Insurance Marketplace is called Nevada Health Link and is operated by the Silver State Health Insurance Exchange.

For questions regarding the Health Insurance Marketplace, the plans that are offered on the Marketplace and the cost of those plans, please contact the Nevada Health Link at:

Nevada Health Link

c/o Silver State Health Insurance
Exchange
2310 S. Carson Street, Suite 2
Carson City, NV 89701

www.nevadahealthlink.com or

<https://www.healthcare.gov/>

Telephone: 1-855-768-5465

[1-855-7-NVLINK]

Fax: 775-687-9932

CustomerserviceNVHL@exchange.nv.gov

Note: Employees who purchase coverage through the Nevada Health Link Marketplace (instead of PEBP coverage) will not receive a PEBP premium contribution (subsidy) towards that coverage. Also, the PEBP subsidy contribution and the employee's premium contribution are excluded from Federal income tax. Premium payments for coverage through the Marketplace are made on an after-tax basis.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

(Revised 04-06-2018)

PART A: General Information

There is 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 November 1, 2018 for coverage starting as early as January 1, 2019.

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 are 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 9.56% 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, (i.e., declining PEBP coverage) you will lose your employer contribution for your 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 *coverage offered by your employer*, check the PEBP Master Plan Documents or the HMO Summary of Plan Description or contact the Public Employees' Benefits Program at 775-684-7000 or 1-800-326-5496.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov or Nevadahealthlink.com for more information including an online application for health insurance coverage or contact the Nevada Health Link at 1-855-768-5464.

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.

| | | |
|---|---|----------|
| Employer name | Employer Identification Number (EIN) | |
| Employer Address | Employer phone number | |
| City | State | Zip code |
| Who can we contact about your employee health coverage at this job? Public Employees' Benefits Program | | |
| Phone number (if different from above) 775-684-7000 or 1-800-326-5496 | Email address mervices@peb.state.nv.us | |

Here is some basic information about health coverage offered by this employer:

1. As your employer, we offer a health plan to employees who meet the eligibility requirements.

For Plan Year 2019, effective July 1, 2018 through June 30, 2019, eligible employees are:

- Classified employees, non-state employees and employees hired under a Letter of Appointment are eligible for coverage on the first day of employment if that date is the first day of the month; or the first day of the month immediately following the first day of full-time employment if the first day of employment is on or after the second day of the month.
- Professional (faculty) employees with the Nevada System of Higher Education are eligible for benefits on the first day of the month concurrent with or following the date of their employment contract.

With respect to dependents:

- We do offer coverage for dependents of eligible employees that are:
 - Children (biological, adopted, stepchildren and children of domestic partners) to age 26.
 - Related individuals under guardianship or a similar parent/child relationship to age 26.
 - Disabled dependents over age 26 with verification of continuous coverage and continuing disability.
 - A spouse/domestic partner who does not have *access* to other employer-based coverage--unless that coverage is deemed significantly inferior.

2. Does the PEBP-sponsored medical plans meet the Federal Affordable Minimum Essential coverage (AMEC) (also referred to as the minimum value standard)?

- Yes, this coverage meets the AMEC (minimum value standard), and the cost of this coverage to you is intended to be affordable, based on employee wages.

Please note: 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, Nevadahealthlink.com will guide you through the process. Here's the employer information you will enter when you visit Nevadahealthlink.com to find out if you are eligible for a tax credit to lower your monthly premiums.

Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

1. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

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)

2. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 3)

No (STOP and return form to employee)

3. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (do not 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

*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)