## Affordable Care Act (ACA) Notification Checklist

This checklist is intended to document and ensure that departments/agencies are providing the legally required notices to employees for compliance with the ACA. **PART I** documents the distribution of the legally required Health Insurance Marketplace Coverage Options Notice to newly hired employees. **PART II** documents and tracks the distribution of the legally required Summary of Benefits and Coverage Notice and the health benefit status for employees newly eligible for health benefits. Both Parts I and II must be completed.

Upon completion, this document must be retained in the employee's Official Personnel File.

| Employee Name:  |                          | Hire Date:  |  |  |  |  |  |
|---|--------------------------|---|--|--|--|--|--|
| Position Number:  | SSN:                     | Ter   | nure/Time Base:                        |  |  |  |  |
| PART I—NEW EMPLOYE  |                          |   |  |  |  |  |  |
| Notice required to be provided to ev  | ery new employee in your | department/age  | ncy within 14 days of their hire date. |  |  |  |  |
| Health Insurance Marketplace Cone tine     Health Coverage Notice (One tine   | • •                      | Date Provided   | Department Representative:             |  |  |  |  |
| PART II—EMPLOYEES NE  | WLY ELIGIBLE FOR         | R HEALTH BE   | ENEFITS                                |  |  |  |  |
| Health benefit documents to be provided to employees newly eligible for health benefits by the first day the employee is eligible to enroll in coverage (e.g. employee is hired on August 12, the following documents must be provided to employee no later than September 1, the earliest effective date of coverage). |                          |   |  |  |  |  |  |
| 1. Is employee <i>newly</i> eligible for he   | alth benefits?           | If YES, go to question 2.  If NO, no further action required. |  |  |  |  |  |
| 2. Provide the following forms:  ☐ Summary of Benefits and Covenitive to newly eligible employer  ☐ Health Benefits Enrollment (F   | ees)                     | Date Provided   | Department Representative:             |  |  |  |  |

**HUMAN RESOURCES OFFICE USE ONLY** 

Contact Number:

Date:

Reviewer's Printed Name:

Reviewer's Name/Signature:

Agency/Department Name:

I certify that data stated herein is

with all laws and regulations.

correct, complete, and in accordance

# New Health Insurance Coverage Options and Your Health Coverage

### **PART A: General Information**

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance in California. To assist you as you evaluate options for you and your family, this notice provides some basic information about a new Marketplace called Covered California, and employment-based health coverage offered by your employer.

#### What is Covered California?

Covered California can help you find health insurance that meets your needs and fits your budget. Covered California 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 Covered California began in October 2013 for coverage that started January 1, 2014.

#### Can I Save Money on my Health Insurance Premiums in Covered California?

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 Covered California?

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 Covered California 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 Covered California 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 Covered California are made on an aftertax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please contact: HR Benefits Office (Insert Benefits Office contact information here), check the campus HR benefits website (Insert link) or summary plan description.

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit <a href="https://www.coveredca.com">www.coveredca.com</a> or call 888-975-1142 for more information.

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 Covered California, you will be asked to provide this information. This information is numbered to correspond to the Covered California application.

| 3. Employer name  |                   |                  | 4. Employer Identification Number (EIN) |                                 |  |  |  |
|---|-------------------|------------------|---|---------------------------------|--|--|--|
| 5. Employer address   |                   |                  | 6. Employer phone number                |                                 |  |  |  |
| 7. City   |                   | . 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  | 12. Email address |                  |   |                                 |  |  |  |
| Here is some basic information about health coverage offered by this en  • As your employer, we offer a health plan to:  □ All employees.   | nploye            | r:               |   |                                 |  |  |  |
| Some employees. Eligible employees are:   |                   |                  |   |                                 |  |  |  |
| Regular appointment - employee is appointed in a benefits eligible class<br>Equivalent (FTE)) and with a length of appointment for at least six months  |                   |                  | e of at                                 | least half-time (0.5 Full Time  |  |  |  |
| AB 211 appointment - Lecturers and Coaches (R03) in applicable year teaching units (WTUs) (i.e., 0.4 time base/FTE) for at least one semester   |                   |                  |   | d for at least six (6) weighted |  |  |  |
| If an employee does not meet CSU's standard benefits eligibility crite base/FTE or higher regardless of length of appointment (duration) or hire appointment; or works an average of 130 hours or more per month during   | l to wor          | k 130 hours or m | ore pe                                  |                                 |  |  |  |
| With respect to dependents:   |                   |                  |   |                                 |  |  |  |
|   |                   |                  |   |                                 |  |  |  |
| <ul> <li>Current spouse/registered domestic partner</li> <li>Natural, adopted, step, or registered domestic partner's children up to age 26</li> <li>Disabled children of any age if enrolled prior to age 26</li> <li>Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent</li> </ul> |                   |                  |   |                                 |  |  |  |

☐ 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 Covered California. Covered California 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 Covered California they will guide you through the process. Here's the employer information you'll enter when you visit **Covered California** to find out if you can get a tax credit to lower your monthly premiums.