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# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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## PART A: General Information

To assist you as you evaluate options for you and your family, this Notice provides some basic information about the new Health Insurance Marketplace (Marketplace) and employment based health coverage offered by GARDEN GROVE UNIFIED SCHOOL DISTRICT.

### 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.

### 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 does not 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 9.5% 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. 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 cost.

**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 GARDEN GROVE UNIFIED SCHOOL DISTRICT, please check your summary plan description or contact:

Employee Insurance Department  
echiang@ggusd.us, jhill1@ggusd.us or kbessey@ggusd.us  
10331 Stanford Ave, Garden Grove, CA 92840  
714-663-6523

If you are a California resident, please visit [www.coveredca.com](http://www.coveredca.com) for more information about coverage offered through the Marketplace. Non-California residents should contact [www.HealthCare.gov](http://www.HealthCare.gov) for additional information.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. You will also be able to obtain an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

*(continued on following page)*

# Part B: Employer Insurance Form (for use by California residents)

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace through Covered California, you will be asked to provide this information. **Write your name and Social Security number in appropriate boxes below and ask the employer to fill out the rest of the form. Complete one form for each employer that offers health coverage that you're eligible for.**

Employee: First Name		Middle Name	Last Name	Social Security Number (optional) ____-____-_____
<b>Employer Name</b> GARDEN GROVE UNIFIED SCHOOL DISTRICT				Employer Identification Number (EIN)
Employer Address (the Marketplace will send notices to this address) 10331 STANFORD AVENUE				Employer Phone Number 714-663-6000
City GARDEN GROVE		State CA		ZIP Code 92840
Whom can we contact at this job? EMPLOYEE INSURANCE DEPARTMENT				
Phone number 714-663-6523		Email Address echiang@ggusd.us, jhill1@ggusd.us or kbessey@ggusd.us		

- We do not offer health insurance.  This employee does not qualify for coverage under our plan.
- The employee qualifies for coverage under our plan beginning on \_\_\_\_\_ (start date).

<p>What's the name of the lowest-cost, self-only health plan this employee could enroll in at this job? Consider only those plans that meet the <b>minimum value standard*</b> set by the Affordable Care Act.</p> <p>Plan Name: _____</p> <p><input type="checkbox"/> No plans meet the <b>minimum value standard.*</b></p>	<p>How much would the employee have to pay in premiums for the lowest cost? \$ _____</p> <p>How often? _____</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Yearly</p> <p><input type="checkbox"/> Other _____</p>
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- What change will you make for the new plan year (if known)?
- We won't offer health coverage.
- We 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\*.**

How much would the employee have to pay in premiums for that Plan? \$ \_\_\_\_\_  
(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.)

- How often? \_\_\_\_\_
- Weekly  Every 2 weeks  Quarterly  Monthly  Twice a month  Yearly
- Date of change \_\_\_\_\_

*\*Minimum value standard means that a plan pays at least 60% of the total cost of plan benefits provided to the employee. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)*