



## Frequently Asked Questions for Employees About the New Health Insurance Exchange/Marketplaces


- 1. Q. What is the “Exchange” or “Marketplace” that I’ve been hearing about?**

A. The Exchange/Marketplace is a new health insurance Exchange/Marketplace in each state. The Exchange/Marketplace is established under the Healthcare Reform Act that was passed in 2010. The Exchange/Marketplace is an on-line site where individuals and smaller employers may go to purchase health insurance coverage for 2014.
- 2. Q. Why is the Exchange/Marketplace being established?**

A. Under federal law, beginning January 1, 2014 all individuals will be required to have minimum essential health coverage, or else be subject to a penalty. This is referred to as the “individual mandate”. The Exchange/Marketplace is intended to help individuals and families meet the individual mandate requirement by providing another place to purchase coverage, and possibly qualify for federal assistance to do so.
- 3. Q. Do I have to purchase health coverage through the Exchange/Marketplace?**

A. No. The Company will still offer employees who meet certain eligibility requirements medical coverage as it has in the past. All plans offered by the Company meet the “minimum essential coverage” standards.
- 4. Q. When will the Exchange/Marketplace in my state be open for business?**

A. Open enrollment in the Exchange/Marketplace is scheduled to begin October 1, 2013, with coverage to generally become effective January 1, 2014. Please refer to the Exchange/Marketplace in your state for further information. You can find the website for your state by going to [www.Healthcare.gov/families](http://www.Healthcare.gov/families) and clicking the box for “What is the Health Insurance Marketplace?”, then under the “Get State Information” click the drop down and select the state you reside in.

<p> <b>Get State Information</b></p> <p>California <input type="text"/></p>	<p>Health Insurance Marketplace in California</p> <p>If you live in California, Covered California is the Health Insurance Marketplace to serve you. Instead of HealthCare.gov, you'll use the Covered California website to apply for coverage, compare plans, and enroll. You can apply as early as October 1, 2013. <a href="#">Visit Covered California now</a> to learn more.</p>
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- 5. Q. What are the “minimum essential coverage” standards?**

A. The type of coverage an individual needs to have to meet the individual mandate requirement under Healthcare Reform. Minimum essential coverage does not include coverage providing only limited benefits, such as Vision or Dental care, and Medicaid covering only certain benefits such as family planning, workers’ compensation, or disability policies.
- 6. Q. Does the Company offer an affordable option that meets the requirements for “minimum essential coverage”?**

A. Yes. All medical plans offered by the Company meet the “minimum essential coverage” standards. Only one (1) of the plans offered by an employer is required to meet the affordability standards.
- 7. Q. Other than medical coverage through the Company, if certain eligibility requirements are met, what are some other possible sources of coverage?**

A. Your spouse’s employer, the individual market, Medicare or Medicaid (if eligible), TriCare, Children’s Health Insurance Program (CHIP), and other plans that have applied to Health and Human Services (HHS) to be recognized as minimum essential coverage.

8. **Q. Will the Company's health benefits plan be available for purchase through the Exchange/Marketplace?**  
A. No. The same medical providers that are currently offered through the Company may have plans available but they may not be the same plan design (i.e. co-pays, services, etc.).
9. **Q. What if I am covered under the Company's medical plan? Can I keep it?**  
A. Yes. The Company's plans qualify as the coverage required under the individual mandate requirements and you do not need to purchase coverage through the Exchange/Marketplace. You have the option to purchase coverage through the Exchange/Marketplace, however, you will lose the contribution the Company makes towards the cost of your monthly premium.
10. **Q. Will the Company subsidize my health coverage if I purchase it through the Exchange/Marketplace?**  
A. No. The Company is not required to help you pay for coverage you purchase through the Exchange/Marketplace.
11. **Q. Can I drop myself or my dependents from my group plan to purchase a plan through the Exchange/Marketplace or outside of the Exchange/Marketplace?**  
A. Possibly. There are specific rules around enrollment and disenrollment, and the rules governing The Company's plans are different from the rules for the Exchange/Marketplace. In addition, determining when you can change an election outside the annual open enrollment period will be **determined by IRS regulations**. Special Enrollments such as marriage or the birth of a child are samples of qualifying changes in status.

During the Company's open enrollment you can change your coverage levels by adding or deleting family members or waiving coverage. For 2014 the Open Enrollment period is tentatively scheduled for November 4<sup>th</sup> through the 13<sup>th</sup>. Open Enrollment information will be mailed to employee's home address on record by mid-October. **After Open Enrollment ends, however, you must experience a qualifying change in status to be able to make changes to your enrollment.**

12. **Q. I did not enroll in the Company's Benefit Plans during Open Enrollment, how long do I have to enroll in the Exchange/Marketplace?**  
A. In this first year of the Exchange/Marketplace coverage you may enroll until March 31, 2014.
13. **Q. Do I have to enroll by January 1, 2014 in order to get coverage through the Exchange/Marketplace?**  
A. No. In this first year of the Exchange/Marketplace coverage, you may enroll until March 31, 2014. **IMPORTANT: If you are covered under one of the Company's medical plans, though, you will not be able to drop your company coverage after open enrollment ends unless you have a qualifying event.**
14. **Q. How do I know if I qualify for assistance to purchase my coverage through the Exchange/Marketplace?**  
A. The Company's medical coverage is considered affordable and meets the minimum value requirement's, therefore if you meet benefit eligibility requirements you won't be able to get lower costs on premiums or out-of-pocket costs in the Exchange/Marketplace. This is true no matter what your income and family size are.

If you do not meet the Company's benefit eligibility requirements you may be eligible for government subsidies to help pay for health insurance premiums for plans purchased in the Exchange/Marketplace (based on income level and family size). Generally, household income must be below 400% of the federal poverty level, in addition to some other rules, in order to qualify. You can go to [www.Healthcare.gov/families](http://www.Healthcare.gov/families) to get more information on the subsidy and what the qualifications are.

15. **Q. What if I have additional questions about the Exchange/Marketplace, who should I contact?**  
A. A general phone number is not available. You need to go to [www.Healthcare.gov/families](http://www.Healthcare.gov/families). Once there, click on the box that says "What is the Health Insurance Marketplace?" and then scroll down to "Get State Information". Please note that you need to search for the information for your specific state as the Exchange/Marketplace will vary from state to state.