



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
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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 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 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?

For more information about your coverage offered by your employer, please check your summary plan description or contact: [912-395-5899](tel:912-395-5899) Benefits Office (Rick Lewis) or State Health Benefits Plan [1-800-610-1863](tel:1-800-610-1863) (Customer Service).

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.

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. This information is numbered to correspond to the Marketplace application.

3. Employer name SAVANNAH CHATHAM COUNTY PUBLIC SCHOOL SYSTEM		4. Employer Identification Number (EIN) 58-6000206	
5. Employer address 208 Bull Street		6. Employer phone number 912-395-5899	
7. City SAVANNAH		8. State GA	9. ZIP code 31401
10. Who can we contact about employee health coverage at this job? Benefits Office, Rick Lewis HR Technician			
11. Phone number (if different from above) 912-395-5899		12. Email address rick.lewis@sccpss.com	

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

•As your employer, we offer a health plan to:

- All employees. Eligible employees are:
Full time hires and part-time hires .50 positions on the first day of the month following 30 days of employment. Coverage is effective on the on the first day of the month following 30 days of eligible employment.
Temporary hires working more than 29 hours per week will be monitored for the look back period of 6 months and if eligible on the first day of the month following eligibility notice.
- Some employees. Eligible employees are:

•With respect to dependents:

- We do offer coverage. Eligible dependents are:
Same eligibility as the employees stated above
- 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 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, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

<p>13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?</p> <p><input checked="" type="checkbox"/> Yes (Continue) 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? <u>FTE 1st of month following 30 days of employment</u> (mm/dd/yyyy) (Continue)</p> <p><input type="checkbox"/> No (STOP and return this form to employee)</p>
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<p>14. Does the employer offer a health plan that meets the minimum value standard*? <input checked="" type="checkbox"/> Yes (Go to question 15) <input type="checkbox"/> No (STOP and return form to employee)</p>

<p>15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't 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</p>
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wellness programs.

72.45 Bronze Plan

- a. How much would the employee have to pay in premiums for this plan? \$58.03 UHC HDHP High Deductible Plan
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

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16. What change will the employer make for the new plan year? none known
- Employer won't offer health coverage
 - Employer 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.* (Premium should reflect the discount for wellness programs. See question 15.)
- 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

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.

The Georgia State Health Benefit Plan (GA SHBP) provides your medical benefits. The medical plan options are remaining the same with Blue Cross Blue Shield and United Healthcare. You must make an election for coverage as a new hire and annually thereafter during the Fall open enrollment that takes place each October.

Log on to: <https://myshbpga.adp.com/shbp/>

as a new hire to enroll in your health coverage. This is the same website that is used during the annual open enrollment period.

For complete plan documents and changes about GA SHBP health insurance please visit the website at <http://dch.georgia.gov/state-health-benefit-plan-shbp>

Claims Administration

Blue Cross and Blue Shield of Georgia (BCBSGa) will provide medical claims administration and medical management services for the State Health Benefit Plan during 2016. Through BCBSGa, the State Health Benefit Plan offers active members and pre-65 retirees a choice of three Health Reimbursement Arrangement (HRA) Plan options: Gold HRA, Silver HRA and Bronze HRA. Additionally, BCBSGa offers a statewide Health Maintenance Organization (HMO) plan option

- Health Reimbursement Arrangement Participating Provider Option (HRA): The HRA is a consumer-driven health plan featuring a participating provider network. Members receive treatment at discounted rates from network providers, and network providers will not bill for amounts that exceed the discounted rates. Members have the flexibility of receiving treatment from out-of-network providers, but SHBP does not pay for any charges that exceed 110% of the amount Medicare would pay for the treatment. The HRA features an annual contribution funded by the SHBP to provide first-dollar coverage for members' medical expenses and pharmacy. For more information, go to www.bcbsga.com/shbp.

- Health Maintenance Organization (HMO) option: An HMO allows you to receive covered medical services from in-network providers only (except for emergency care). Members are not required to select a Primary Care Physician (PCP) with a statewide HMO. The HMO plan option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA). The HMO offers a statewide and national network of providers across the United States.

UnitedHealthcare will provide medical claims administration and medical management services for the State Health Benefit Plan during 2016. Through UnitedHealthcare, the State Health Benefit Plan offers active members and pre-65 retirees a choice of a statewide HMO plan option and a High Deductible Health Plan (HDHP) plan option.

- Health Maintenance Organization (HMO) option: An HMO allows you to receive covered medical services from in-network providers only (except for emergency care). Members are not required to select a Primary Care Physician (PCP) with a statewide HMO. The HMO plan option pays 100% of covered services provided by in-network providers that are properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA). The HMO offers a statewide and national network of providers across the United States.

- High Deductible Health Plan (HDHP) option: The HDHP offers in-network and out-of-network benefits and provides access to a network of providers on a statewide and national basis across the United States. The HDHP has a low monthly premium; however, you must satisfy a high deductible that applies to all medical and pharmacy expenses (except preventive care). Also, you may qualify to establish a Health Savings Account (HSA) to set aside tax-free dollars to pay for eligible health care expenses.

State Health Benefit Plan

**2018 Active Employee, Subsidized Extended Coverage, and Approved Leave without Pay (Military, FMLA, and Disability) Rates
January 1 - December 31, 2018 Monthly**

Plan	You	You + Child(ren)	You + Spouse	You + Family
BCBS Gold	\$168.73	\$307.13	\$418.09	\$556.50
BCBS Silver	\$110.89	\$208.80	\$296.62	\$394.54
BCBS Bronze	\$72.45	\$143.46	\$215.91	\$286.92
BCBS HMO	\$135.65	\$250.90	\$348.63	\$463.89
UHC HMO	\$172.56	\$313.65	\$426.14	\$567.22
UHC HDHP	\$58.03	\$118.94	\$185.62	\$246.54

PRINT EMPLOYEE NAME

Employee ID number

Savannah Chatham County Public School System

To All Employees New Hires and employees on temporary work agreements:

I understand that if hired by Savannah Chatham County Public School System I may be eligible to continue health insurance with the District. I will have the option to enroll in health coverage provided by Georgia State Health Benefit Plan (SHBP). This plan offers affordable medical insurance as required by the Affordable Care Act.

I acknowledge that I have the option to enroll for health coverage with State Health Benefit Plan within 30 days of employment in a full time, benefit eligible position and if hired temporary, if I work more than an average 29 hours in a 6-month period.

Please choose from below your intention as it relates to State Health Benefit Plan (SHBP):

- 1. () I will apply for medical coverage through Georgia State Health Benefit Plan
2. () I will NOT apply for medical coverage through Georgia State Health Benefit Plan because I am covered under another health plan and agree to provide a copy of my medical card for my personnel file or District Benefits.
3. () I will NOT apply for medical coverage through Georgia State Health Benefit Plan because I am covered by my spouse and agree to provide a copy of my medical card for my personnel file or District Benefits..
4. () I will NOT apply for medical coverage through Georgia State Health Benefit Plan for other reasons or District Benefits.

ACA NOTIFICATION: WAIVER OF COVERAGE

An employee may decline health coverage offered by Georgia's State Health Benefit Plan. This is called a waiver of coverage. If you waive coverage for yourself, you may not cover dependents under the State's health plan.

Note that after 2013, if you decline essential minimum coverage considered affordable and minimum value under the Patient Protection and Affordable Care Act ("ACA"), you will not qualify for government credits and subsidies to purchase individual health insurance on the Marketplace.

The decision to waive coverage has consequences for you. For example:

- You should be aware of the individual responsibility requirement taking effect in 2014 under the ACA. If you refuse the offer of the Employer's health coverage and do not obtain coverage on your own, you will be subject to a penalty.
Unless you sign a waiver stating that you are covered under another plan, such as a spouse's plan, Medicaid, or Medicare, you cannot enroll in the Employer's health plan until the next open enrollment. However, if you are covered under another plan, but that coverage is lost, you can enroll in your Employer's health plan immediately. There's a time limit for enrolling after the other coverage is lost: you must request to enroll in your plan within 30 days of losing the other coverage.
If you gain a new dependent through birth, adoption or marriage, you may enroll yourself, the new dependent, and the entire family at that time, but you must do so within 30 days of gaining the new dependent. If you miss the 30-day enrollment deadline, you must wait until open enrollment.

I acknowledge that the Employer has offered me affordable minimum essential coverage, as defined under the ACA, for the period from the initial enrollment period (30 days from my hire date) to the plan year ending 12/31/2017. I have read the above and I understand the consequences if I waive coverage. I am aware that I will be required to address my health coverage options annually during open enrollment for medical coverage effective 1/1/2018 to 12/31/2018. I have also received the marketplace notice OMB No. 1210-0149.

Print Name of Employee

Signature of Employee

Date

As a representative of the Employer, I received this Waiver of Coverage from the above employee on (Date).

Signature of the Employer Representative/TITLE

Date