

# Healthcare Reform and Your Benefits



## You and Healthcare Reform

The Patient Protection and Affordable Care Act (PPACA, also known as Healthcare Reform) is a set of laws that affect healthcare coverage in the United States. While there is a lot of information on this topic in the media, some of it may seem confusing or conflicting. To help you navigate the road ahead, we have highlighted the key items you need to know.

## You and your benefits through Loyola University New Orleans

Your wellbeing is important to us. Loyola University New Orleans continues offering health and wellness benefits to help you and your family stay healthy and provide financial protection against high medical costs. As part of your total compensation package, we contribute 70-80% toward employee-only health coverage and up to 70-80% for dependents.

**The plans we offer, and the company's contribution to them, exceeds the standards for an "affordable healthcare plan" under federal law.**

Over the past few years and going into next year, we have made changes to improve the healthcare plans Loyola University New Orleans offers, in line with new federal mandates. These changes include allowing dependents to remain on your plan until age 26, limiting your out-of-pocket and lifetime maximums, and removing coverage limitations for pre-existing conditions.

### Next Steps

Open enrollment for benefits starts on  
October 21, 2013

*Please be aware that the new federal law requires everyone to have health insurance coverage as of January 1, 2014. If you choose to waive coverage and are not covered under a different health plan, you may be subject to a penalty. If you choose to be covered under Loyola's plan, you will meet your requirement for coverage.*

## You and Insurance Marketplaces (Exchanges)

You may have heard about new health insurance marketplaces. Individuals who are not offered qualified healthcare coverage through their employer may be eligible for government subsidies to help pay for health insurance premiums for plans purchased in these marketplaces (based on the level of their income and number of dependents).

To find out more about the new insurance marketplaces, visit [healthcare.gov](http://healthcare.gov), or take a look at these Frequently Asked Questions: [gbshealthcarereform.com/faqforemployees](http://gbshealthcarereform.com/faqforemployees). You will also receive a "New Health Insurance Marketplace Coverage Options and Your Health Coverage" notice which will provide you with detailed information on this topic.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
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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.<sup>1</sup>

**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 Lovola University New Orleans Human Resources Department, (504) 864-7757.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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. This information is numbered to correspond to the Marketplace application.

3. Employer name Loyola University New Orleans		4. Employer Identification Number (EIN) 72-0408946	
5. Employer address 6363 St. Charles Avenue, Campus Box 16		6. Employer phone number (504) 864-7757	
7. City New Orleans	8. State LA	9. ZIP code 70118	
10. Who can we contact about employee health coverage at this job? Donna Rochon			
11. Phone number (if different from above) (504) 864-7757		12. Email address drochon@loyno.edu	

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

- As your employer, we offer a health plan to:
    - All employees.
    - Some employees. Eligible employees are:  
those employees who are scheduled to work at least 30 hours or more per week.
  - With respect to dependents:
    - We do offer coverage. Eligible dependents are:  
Your legal spouse; Your dependent children up to age 26 unless they are eligible for other employer-sponsored coverage; Unmarried dependent children of any age, if mentally or physically disabled and unable to support themselves, provided the disability began while covered by the plan before reaching age 26.
    - 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.

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

**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? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

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

**Yes** (Go to question 15)  **No** (STOP and return form to employee)

**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 wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$ 98.34

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.

**16. What change will the employer make for the new plan year?**

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 will the employee have to pay in premiums for that plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

Date of change (mm/dd/yyyy):

\* 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)