



TO: All Benefit-Eligible and Non Benefit-Eligible Employees of Marquette University
FROM: Department of Human Resources
DATE: October 1, 2013
SUBJECT: **Health Insurance Marketplace Notice**

On the page that follows (or on the back of this page for certain hard copies) is a notice employers are required to provide regarding the new Health Insurance Marketplace (also known as exchanges) under Health Care Reform.

What is the health insurance marketplace or exchange?

An exchange is an online marketplace that will provide multiple health insurance options to consumers. The exchange will allow consumers (individuals and small businesses initially) to compare what plans cover, what providers are covered, how deductibles and copayments are different across plans and how plans compare on key quality measures. The Health Insurance Marketplace is available at www.healthcare.gov.

Why am I receiving this notice?

Health Care Reform will require most individuals to have health insurance effective January 1, 2014 or possibly pay a fee on their 2014 tax filing; however, the law does not specify how an individual must obtain coverage. Marquette employees will be able to choose to:

- Enroll in the Marquette health plan provided eligibility requirements are met,
- Enroll in a plan offered by another family member's employer,
- Enroll in a plan through the exchange,
- Purchase an individual plan directly through an insurer or through an agent or broker, or
- Have coverage through Medicare, Medicaid, etc.

Will I be able to purchase less expensive health coverage on the exchange?

Everyone will have access to the exchange, but the costs are not available until after October 1, 2013. For those eligible to participate in Marquette's health plan, while you will have the option of selecting an exchange plan, the cost is not likely to be less expensive than the university's coverage because insurance purchased on the exchange:

- Is paid with after-tax dollars (whereas premium contributions through the university are made on a pre-tax basis),
- Would not include any Marquette contributions; employees would be responsible for 100% of the premium cost (whereas current health plan enrollees generally pay 20%), and
- Is available as a single plan only, so if you need coverage for a family, you will need to purchase coverage individually for each family member.

Additionally, with respect to full-time employees, Marquette meets the affordability and minimum value standards as defined by Health Care Reform. Therefore, full-time employees and their family members who are eligible for the Marquette health plan will not be eligible for a premium tax credit through the exchange. Other employees may be eligible for a premium tax credit through the exchange if they do not have access to coverage that meets these standards.

Where can I get more information on the exchanges?

Go to www.healthcare.gov or call the Marketplace at 1-800-318-2596.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

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 **Marquette University, Human Resources, 915 West Wisconsin Avenue, Straz Tower #185, Milwaukee, WI 53233, (414) 288-7305.**

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.

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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).