

Employee Acknowledgement for Notice of Marketplace

The Patient Protection and Affordable Care Act (ACA, or the federal law known as Health Care Reform) requires that you must be informed of the following information:

- About the existence of the Marketplace;
- That you may be eligible for a premium tax credit or cost-sharing reduction if the employer's plan does not meet certain requirements;
- That if you purchase coverage through the Marketplace, that you may lose the employer contribution toward the cost of the employer-sponsored coverage and that all or a portion of the employer's contribution may be excludable for federal income tax purposes;
- Include contact information for the Marketplace and an explanation of appeals rights.

The Marketplace Notice must be given to all employees even if:

- You currently have employer-sponsored coverage;
- Waived coverage or have coverage elsewhere;
- If you are full-time, part-time and/or seasonal;
- If you are a COBRA participant.

You are hereby provided with a completed Marketplace Notice and support information to further your understanding of the existence of the Marketplace.

If you have any questions or concerns please to contact your benefits office.

By providing your signature below, you hereby accept of receipt of the Marketplace Notice and support materials. In addition, you hereby acknowledge awareness of the existence of the Marketplace as an alternative option for health care coverage.

Employee (Print Name)

Employee Signature

Date: _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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 contact the following:

State of Florida benefit programs– visit myflorida.com/myBenefits or call People First at 1-866-663-4735, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time

OR If eligible

UF benefit programs (GatorCare health) – visit gatorcare.org. You may also contact the UF Benefits office at 352-392-2477 Monday through Friday, from 8 a.m. to 5 p.m. Eastern time

Certain employee groups are eligible to participate in the State's health plan or the UF/GatorCare health plan. Employees may not be enrolled in both health plans at the same time.

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.

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.

University of Florida (UF) employees may have the option to participate in either the State’s Benefit Program, UF’s Benefit Program OR BOTH based upon job classification and their Full Time Equivalent (FTE). Employees who are eligible for both state and UF programs should carefully review the options to determine the plans that best meet their insurance needs and to avoid enrollment in duplicate coverage.

Participation in State of Florida Plans should use the following:

3. Employer Name State of Florida	4. Employer Identification Number (EIN) 59-3458983	
5. Employer Address PO Box 5450	6. Employer Phone Number 1-850-921-4600	
7. City Tallahassee	8. State Florida	9. ZIP Code 32314
10. Who can we contact about employee health coverage at this job? People First Service Center, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.		
11. Phone Number (if different from above) 1-866-663-4735	12. Email Address N/A	

Part-time and full-time employees as defined in Section 110.123(2) (c) and (f), Florida Statutes, are eligible for health coverage under the State Group Insurance Program. Pursuant to this statute, you may become eligible for health coverage if you work an average of 30 hours or more each week over the defined measurement period. If you become eligible following the measurement period, you will be notified.

For details regarding the Program’s terms of eligibility, including exceptions and dependent coverage, see the Benefits Guide for a summary program description at myFlorida.com/myBenefits.

Health plans offered under the Program meet the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. **

Participation in the University of Florida, GatorCare health plan should use the following:

3. Employer Name University of Florida	4. Employer Identification Number (EIN) 59-6002052	
5. Employer Address Human Resource Services 903 W. University Avenue	6. Employer Phone Number 352-392-2477	
7. City Gainesville	8. State Florida	9. ZIP Code 32601
10. Who can we contact about employee health coverage at this job? UF Benefits Office, M-F, 8-5 p.m. Eastern time (for GatorCare health)		
11. Phone Number (if different from above)	12. Email Address benefits@ufl.edu	

Eligible full-time or part-time employees for the GatorCare health plan include the following classifications: College of Medicine Clinical Faculty; College of Medicine Residents/Housestaff/Interns; College of Veterinary Medicine Residents and Interns; Colleges of Dentistry Residents; Post Doc Associates; and Graduate Assistants on appointments. Academic Faculty, TEAMS and USPS employee classifications may only participate in the GatorCare health plan if the enrollment includes coverage with a same sex spouse or domestic partner.

Eligible dependents include:

- Spouse, Same Sex Spouse, or Domestic Partner
- Children through age 26 (natural, adopted, step, foster, legal guardianship and domestic partner's children)
- Disabled children over age 26 who are incapable of self-sustained employment and dependent for financial support
- Dependent's newborn child for 18 months after birth, or until eligible dependent parent no longer qualifies as a dependent, whichever comes first

The health offered under the GatorCare health plan meets the minimum values 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.