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.

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 Peralta Community College District Benefits office at (510) 466-7229 or benefits@peralta.edu.

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
Peralta Community College District

4. Employer Identification Number (EIN)
94-590799

5. Employer address
333 E. 8th st.

6. Employer phone number
510-466-7229

7. City
Oakland

8. State
CA

9. Zip Code
94606

10. Who can we contact about health coverage at this job?
Peralta Community College District Benefits Office

11. Phone number (if different from above)

12. Email Address
benefits@peralta.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:

Full time, part time and temporary full time members of Peralta Community College District based on eligibility requirements under the plan. Eligible members can include Peralta Community College District Support Staff and Officers of Administration. Eligibility is determined by classification, bargaining agreement and other criteria as stated in the Employee Benefits Guide. Verify your eligibility with your Benefits Office at 510-466-7229.

With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouse; same-sex/opposite sex domestic partner meeting eligibility criteria; a participant’s child including adopted/foster and stepchildren of the participant’s spouse/same-sex domestic partner. A legally dependent child may be covered until the end of the month in which the child turns 26; or at any age if the child has a physical/mental disability, provided the child was covered and under the age of 26 when diagnosed. A child for whom a court has appointed you legal guardian may also be covered until the end of the month in which the child turns 26.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.

* 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)

** 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 will guide you through the process.

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1 The terms “you” and “your” as used in this Notice refer to an employee of the District who is otherwise eligible to participate in the Plan and is actually participating in the Plan pursuant to its terms. Your receipt of this Notice is not an indication that you are in fact a participant in the Plan. Verify your eligibility with your HR Representative or Benefits Office Manager by calling the Benefits Office at 510-466-7229.