

The Affordable Care Act (ACA) Notice of Health Insurance Marketplace Coverage Options and Your Public Employees Benefits Board (PEBB) Benefits

General Information

In 2014, a new way to buy health insurance through the new health insurance Marketplace, also known as the Health Insurance Exchange, was introduced. Washington Healthplanfinder is the Marketplace serving Washington residents. This notice provides basic information about the Marketplace as well as Public Employees Benefits Board (PEBB) health plan coverage offered by your employer and is intended to assist you in evaluating options for you and your family.

1. What is the Health Insurance Marketplace?

Under the Affordable Care Act (ACA), every state must have a health insurance Marketplace to help people buy health insurance. The Marketplace offers assistance to help you find and compare health insurance options offered by private companies. The Marketplace will also help you find out if you qualify for premium tax credits or other financial assistance.

2. When does open enrollment begin?

Open enrollment for the Marketplace may begin as early as October 1st for coverage starting as early as January 1st of the following year. However, please keep in mind that this can vary. Open enrollment in 2017 began November 1st for coverage starting in 2018.

3. 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 you are not eligible for PEBB health plan enrollment as an employee. The amount of premium savings in the Marketplace depends on your household income.

4. Does being eligible for an employer contribution for PEBB health plan coverage affect eligibility for premium savings through the Healthplanfinder?

Yes.

- **Employees eligible for employer contribution:**

All **eligible** state employees receive an employer contribution for PEBB health plan enrollment and are not allowed to waive PEBB health coverage to enroll in coverage through the Marketplace. All or a portion of this contribution may be excluded from income for Federal and State income tax purposes. These employees should enroll or remain enrolled in a PEBB health plan.

State employees who are eligible to receive an employer contribution cannot use the employer contribution to purchase coverage through the Marketplace, and will not be eligible for a premium tax credit if they purchase coverage through the Marketplace.

However, if the cost of a PEBB health plan to cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or does not meet the “minimum value” standard set by the ACA, you may be eligible for a tax credit or other financial assistance.

An employer-sponsored health plan meets the “minimum value standard” if the health plan’s share of the total allowed benefit costs covered by the health plan is no less than 60 percent of such costs.

- **Employees not eligible for employer contribution:**

Employees who are not eligible for the employer contribution for PEBB health plan enrollment should consider applying for health benefits in the Marketplace as they may qualify for a premium tax credit or other financial assistance. Your payments for coverage through the Marketplace are made on an after-tax basis.

5. How do I get additional information about the Marketplace?

The Marketplace simplifies your search for health coverage by gathering the options available in your area in one place. You can compare plans based on price, benefits, quality, and other features important to you before you make a choice.

Visit www.healthcare.gov or also get help by phone, or in person.

Call 1-800-318-2596, 24 hours a day, 7 days a week (TTY: 1-855-889-4325).

6. How do I contact the Washington Healthplanfinder?

For Washington State residents, Washington Healthplanfinder can help you evaluate Marketplace coverage options and possible premium savings online, by phone, or in person:

Washington Healthplanfinder
521 Capitol Way South
Olympia, WA 98501
855-923-4633 www.wahealthplanfinder.org

7. How do I get more information about PEBB health plans?

For more information about PEBB health plans offered by your employer, please check the Certificate of Coverage for your plan, or contact your benefits office.

You can also find complete information about PEBB benefits at the PEBB website:

<https://www.hca.wa.gov/employee-retiree-benefits>

Information about PEBB health plan coverage offered by your employer

This section contains information about any health plan coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide the information shown below. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)
5. Employer address		6. Employer phone number
7. City	8. State	9. ZIP code
10. Who can we contact about employee health coverage at this job?		
11. Phone number (if different from above)		12. Email address

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

- **As your employer, we offer a health plan to:**

- All employees.
- Some employees.**

Employee eligibility is described in Washington Administrative Code 182-12-114:

(1) Employees are eligible for PEBB benefits as follows, except as described in subsections (2) through (5) of this section:

(a) Eligibility. An employee is eligible if he or she is anticipated to work an average of at least eighty hours per month and is anticipated to work for at least eight hours in each month for more than six consecutive months.

(b) Determining eligibility.

(i) Upon employment: An employee is eligible from the date of employment if the employing agency anticipates the employee will work according to the criteria in (a) of this subsection.

(ii) Upon revision of anticipated work pattern: If an employing agency revises an employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.

(iii) Based on work pattern: An employee who is determined to be ineligible, but later meets the eligibility criteria in (a) of this subsection, becomes eligible the first of the month following the six-month averaging period.

(c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward PEBB insurance coverage. Employees must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:

(i) The employee works two or more positions or jobs at the same time (concurrent stacking);

(ii) The employee moves from one position or job to another (consecutive stacking); or

(iii) The employee combines hours from a seasonal position with hours from a non-seasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a non-seasonal position or job shall maintain the employer contribution toward PEBB insurance coverage as described in WAC [182-12-131\(1\)](#).

(d) When PEBB insurance coverage begins. Medical, dental, basic life insurance, and basic long-term disability insurance begin on the first day of the month following the date an employee becomes eligible. If the employee becomes eligible on the first working day of a month, then PEBB insurance coverage begins on that date.

(2) Seasonal employees, as defined in WAC [182-12-109](#), are eligible as follows:

(a) Eligibility. A seasonal employee is eligible if he or she is anticipated to work an average of at least eighty hours per month and is anticipated to work for at least eight hours in each month of at least three consecutive months of the season.

(b) Determining eligibility.

(i) Upon employment: A seasonal employee is eligible from the date of employment if the employing agency anticipates that he or she will work according to the criteria in (a) of this subsection.

(ii) Upon revision of anticipated work pattern. If an employing agency revises an employee's anticipated work hours such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.

(iii) Based on work pattern. An employee who is determined to be ineligible for benefits, but later works an average of at least eighty hours per month and works for at least eight hours in each month and works for more than six consecutive months, becomes eligible the first of the month following a six-month averaging period.

(c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward PEBB insurance coverage. Employees must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:

(i) The employee works two or more positions or jobs at the same time (concurrent stacking);

(ii) The employee moves from one position or job to another (consecutive stacking); or

(iii) The employee combines hours from a seasonal position or job with hours from a nonseasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a nonseasonal position or job shall maintain the employer contribution toward PEBB insurance coverage as described in WAC [182-12-131\(1\)](#).

(d) When PEBB insurance coverage begins. Medical, dental, basic life insurance, and basic long-term disability insurance begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then PEBB insurance coverage begins on that date.

(3) Faculty are eligible as follows:

(a) Determining eligibility. "Half-time" means one-half of the full-time academic workload as determined by each institution, except that half-time for community and technical college faculty employees is governed by RCW [28B.50.489](#).

(i) Upon employment: Faculty who the employing agency anticipates will work half-time or more for the entire instructional year, or equivalent nine-month period, are eligible from the date of employment.

(ii) For faculty hired on quarter/semester to quarter/semester basis: Faculty who the employing agency anticipates will not work for the entire instructional year, or equivalent nine-month period, are eligible at the beginning of the second consecutive quarter or semester of employment in which he or she is anticipated to work, or has actually worked, half-time or more. Spring and fall are considered consecutive quarters/semesters when first establishing eligibility for faculty that work less than half-time during the summer quarter/semester.

(iii) Upon revision of anticipated work pattern: Faculty who receive additional workload after the beginning of the anticipated work period (quarter, semester, or instructional year), such that their workload meets the eligibility criteria as described in (a)(i) or (ii) of this subsection become eligible when the revision is made.

(b) Stacking. Faculty may establish eligibility and maintain the employer contribution toward PEBB insurance coverage by working as faculty for more than one institution of higher education. Faculty workloads may only be stacked with other faculty workloads to establish eligibility under this section or maintain eligibility as described in WAC [182-12-131\(3\)](#). When a faculty works for more than one institution of higher education, the faculty must notify his or her employing agencies that he or she works at more than one institution and may be eligible through stacking.

(c) When PEBB insurance coverage begins.

(i) Medical, dental, basic life insurance, and basic long-term disability insurance begin on the first day of the month following the day the faculty becomes eligible. If the faculty becomes eligible on the first working day of a month, then PEBB insurance coverage begins on that date.

(ii) For faculty hired on a quarter/semester to quarter/semester basis under (a)(ii) of this subsection, medical, dental, basic life insurance, and basic long-term disability insurance begin the first day of the month following the beginning of the second consecutive quarter/semester of half-time or more employment. If the first day of the second consecutive quarter/semester is the first working day of the month, then PEBB insurance coverage begins at the beginning of the second consecutive quarter/semester.

(4) Elected and full-time appointed officials of the legislative and executive branches of state government are eligible as follows:

(a) Eligibility. A legislator is eligible for PEBB benefits on the date his or her term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their terms begin or the date they take the oath of office, whichever occurs first.

(b) When PEBB insurance coverage begins. Medical, dental, basic life insurance, and basic long-term disability insurance begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then PEBB insurance coverage begins on that date.

(5) Justices and judges are eligible as follows:

(a) Eligibility. A justice of the supreme court and judges of the court of appeals and the superior courts become eligible for PEBB benefits on the date they take the oath of office.

(b) When PEBB insurance coverage begins. Medical, dental, basic life insurance, and basic long-term disability insurance begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then PEBB insurance coverage begins on that date.

- **With respect to dependents:**

We do offer coverage.

We do not offer coverage.

Dependent eligibility is described in Washington Administrative Code 182-12-260:

(1) Lawful spouse. Former spouses are not eligible dependents upon finalization of a divorce or annulment, even if a court order requires the subscriber to provide health insurance for the former spouse.

(2) State registered domestic partner. State registered domestic partner as defined in RCW [26.60.020](#)(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW

[26.60.090](#). Former state registered domestic partners are not eligible dependents upon dissolution or termination of a partnership, even if a court order requires the subscriber to provide health insurance for the former partner.

(3) Children. Children are eligible through the last day of the month in which their twenty-sixth birthday occurred except as described in (i) of this subsection. Children are defined as the subscriber's:

(a) Children based on establishment of a parent-child relationship as described in RCW [26.26.101](#);

(b) Biological children, where parental rights have not been terminated;

(c) Stepchildren. The stepchild's relationship to a subscriber (and eligibility as a PEBB dependent) ends, for purposes of this rule, on the same date the marriage with the spouse ends through divorce, annulment, dissolution, termination, or death;

(d) Legally adopted children;

(e) Children for whom the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption of the child;

(f) Children of the subscriber's state registered domestic partner. The child's relationship to the subscriber (and eligibility as a PEBB dependent) ends, for purposes of this rule, on the same date the subscriber's legal relationship with the state registered domestic partner as defined in RCW [26.60.020](#)(1) ends through divorce, annulment, dissolution, termination, or death;

(g) Children specified in a court order or divorce decree;

(h) Extended dependents in the legal custody or legal guardianship of the subscriber, the subscriber's spouse, or subscriber's state registered domestic partner. The legal responsibility is demonstrated by a valid court order and the child's official residence with the custodian or guardian. "Children" does not include foster children for whom support payments are made to the subscriber through the state department of social and health services foster care program; and

(i) Children of any age with a developmental disability or physical handicap that renders the child incapable of self-sustaining employment and chiefly dependent upon the subscriber for support and maintenance provided such condition occurs before the age twenty-six:

(i) The subscriber must provide evidence of the disability and evidence that the condition occurred before age twenty-six;

(ii) The subscriber must notify the PEBB program, in writing, when his or her dependent is not eligible under this section. The notification must be received by the PEBB program no later than sixty days after the date that a child age twenty-six or older no longer qualifies under this subsection;

(iii) A child with a developmental disability or physical handicap who becomes self-supporting is not eligible under this subsection as of the last day of the month in which he or she becomes capable of self-support;

(iv) A child with a developmental disability or physical handicap age twenty-six and older who becomes capable of self-support does not regain eligibility under (i) of this subsection if he or she later becomes incapable of self-support;

(v) The PEBB program with input from the applicable contracted vendor will periodically certify the eligibility of a dependent child with a disability beginning at age twenty-six, but no more frequently than annually after the two-year period following the child's twenty-sixth birthday.

(4) Parents.

(a) Parents covered under PEBB medical before July 1, 1990, may continue enrollment on a self-pay basis as long as:

(i) The parent maintains continuous enrollment in PEBB medical;

(ii) The parent qualifies under the Internal Revenue Code as a dependent of the subscriber;

(iii) The subscriber continues enrollment in PEBB insurance coverage; and

(iv) The parent is not covered by any other group medical plan.

(b) Parents eligible under this subsection may be enrolled with a different health plan than that selected by the subscriber. Parents may not add additional dependents to their PEBB insurance 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.