

STATE OF NEW YORK DIVISION OF MILITARY AND NAVAL AFFAIRS 330 OLD NISKAYUNA ROAD LATHAM, NEW YORK 12110-3514

ANDREW M. CUOMO GOVERNOR COMMANDER IN CHIEF PATRICK A. MURPHY
MAJOR GENERAL
THE ADJUTANT GENERAL

MNHS 25 September 2013

MEMORANDUM FOR All DMNA State Employees

SUBJECT: Coverage Options Under the Fair Labor Standards Act

- 1. This notification provides information to employees regarding the new Coverage Options Under the Fair Labor Standards Act (FLSA).
- 2. Section 1512 of the Patient Protection and Affordable Care Act creates a new FLSA, section 18B, requiring employers to notify employees of coverage options available through the Health Insurance Marketplace (Marketplace). This requirement extends to all employees without regard to eligibility for health insurance offered by the State.
- 3. The Marketplace is designed to help individuals find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Individuals may also be eligible for a new kind of tax credit that lowers monthly premiums right away. Open enrollment for health insurance coverage through the Marketplace begins 1 October 2013 for coverage starting as early as 1 January 2014.
- 4. Attached is the Department of Labor (DOL) Bulletin "New Health Insurance Marketplace Coverage Options and Your Health Coverage". For any questions about health insurance coverage or available options, please utilize the contact information provided in the DOL Bulletin.
- 5. Each state employee must sign the verification portion of this announcement as indication they have been advised of and understand this notification. The suspense date for reviewing and signing this Memorandum by all State employees is 11 October 2013. An employee's failure to review and complete the verification portion may result in a personnel action.
- 6. As is required, this Memorandum with attachments will also be mailed directly to the home of record on file for agency employees who do not have an agency e-mail

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address. These individuals must, however, also complete the signature certification portion of this Memorandum.

- 7. The employee verification of this memorandum should be returned to Mrs. Tina Lehning via e-mail at <u>Tina.Lehning.nfg@mail.mil</u> or fax at (518) 786-6085 by the 11 October 2013 date noted above.
- 8. For additional information or assistance regarding the new Coverage Options Under the FLSA, please contact Mrs. Lehning at (518) 786-4715 or by e-mail as indicated above.

FOR THE ADJUTANT GENERAL:

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MARILYN M. HARTLEY Director, Human Resources

Management

Employee Verification:

By signing below, I verify that I have viewed and read the Memorandum regarding the "New Health Insurance Marketplace Coverage Options and Your Health Coverage" available to all employees.

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New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

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 aftertax 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 The New York State Department of Civil Service Employee Benefits Division

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.

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.