

October 7, 2019

Dear Team Member:

Enclosed you will find a notice titled “Health Insurance Marketplace Options and Your Health Coverage.” Under the rules of the Patient Protection and Affordable Care Act (commonly known as “health care reform”), Guest Services is required to provide you this notice, which contains information about the health insurance marketplace that offers health care coverage options to individuals.

Created as a result of the health care reform law, the health insurance marketplace is a “one-stop shop” that individuals can use to shop for, compare, and buy individual health insurance policies. Each state has a marketplace – some states have their own, while others rely on the federal government to run theirs.

Since the marketplace opened you may regularly find advertisements in your mailbox from insurance companies promoting the plans they are selling through the marketplace. As a result, you’ll need to determine what coverage option makes the most sense for your particular situation.

If you have coverage through Guest Services plan or your spouse’s employer plan, you may want to stick with it. Employer-sponsored plans (like ours) are often paid in part by the employer. Employers do not, however, contribute toward the cost of coverage purchased through the marketplace. Some individuals may be eligible for federal subsidies for coverage purchased through a marketplace, but only if their income is below a certain threshold and they are not eligible for employer-sponsored coverage that meets affordability and coverage standards.

If you do choose to apply for coverage through the marketplace, the application you must complete will ask for information about your eligibility for Guest Services health care plan, your cost for the plan (if eligible), and whether the plan meets minimum coverage standards. For your convenience, we have included that information in Part B of the enclosed notice.

We encourage you to carefully compare all the options available to you, including coverage details as well as cost. If you would like more information about the marketplace, marketplace premium subsidies, or health care reform in general, please visit healthcare.gov.

Sincerely,

Human Resources Department

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is an additional 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 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 tax credit that lowers your monthly premium right away. Open enrollment periods for health insurance coverage through the federal Marketplace and state-run Marketplaces that use the federal enrollment website (www.healthcare.gov) generally take place from November 1 through December 15 of each year for coverage that will start on or after the first day of the new calendar year. Open enrollment dates may vary if you reside in a state with a state-run Marketplace that does not use www.healthcare.gov for enrollment. Outside of the open enrollment periods, you can only enroll in or change coverage if you qualify for a Special Enrollment Period as a result of certain life events.

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 9.78% 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 Human Resources at 703-849-9380

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)

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Employer Coverage Tool section of the Marketplace application. This information is effective as of January 1, 2020 and is subject to change. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.



EMPLOYER Information

3. Employer name Guest Services, Inc.		4. Employer Identification Number (EIN) 530164700	
5. Employer address (the Marketplace will send notices to this address) 3055 Prosperity Ave		6. Employer phone number 703-849-9300	
7. City Fairfax	8. State VA	9. Zip 22031	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above) 703-849-9384		12. Email address benefits@guestservices.com	

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

- As your employer, employees that we offer a health plan to are: Regular, full-time employees after a 60 day waiting period who work 30 hours or more weekly
- With respect to dependents, health plan-eligible dependents are: Legal spouse who does not have other employer coverage available; children under age 26 (or older if disabled and dependent)

14. Does the employer offer a health plan that meets the minimum value standard?

- Yes (Go to question 15)
 No (STOP)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

15a. How much would the employee have to pay in premiums for this plan? **\$16.62**

15b. How often? Weekly Every 2 weeks Twice a month Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP.

16. What change will the employer make for the new plan year beginning

- Employer won't offer health coverage
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

16a. How much would the employee have to pay in premiums for this plan?

16b. How often? Weekly Every 2 weeks Twice a month Quarterly Yearly

* 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)