



GUEST
SERVICES

Legendary Hospitality Since 1917

November 3, 2025

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, Inc. 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, Inc.’s 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, Inc.’s 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,

Natalie Sieger, CBP, SPHR
Director of Total Rewards

Health Insurance Marketplace Coverage Options & Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment in 2026 is more than 9.96%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable in 2026 if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan. If you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact at 703-849-9380. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its. Please visit [HealthCare.gov](https://www.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 Indexed annually.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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, 2026 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? **\$27.66**

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)