

THE NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND, HEALTH REFORM, AND YOU

September 17, 2013

WHY AM I RECEIVING THIS INFORMATION?

You are receiving this information because you are a participant in the New York State Teamsters Council Health & Hospital Fund (the “Plan”). The purpose of this information is to address some common questions that Plan participants might have regarding their Plan coverage and the new Health Care Reform law, the Affordable Care Act (“ACA”).

The most important thing for you to note is that as long as you are a participant enrolled in health coverage under the Plan, there is nothing that you have to do to comply with the ACA. The Plan provides quality and comprehensive coverage to participants and their families.

Beginning January 1, 2014, the ACA requires individuals to have health insurance in place or pay a penalty. This is referred to as the “individual mandate.” Your coverage under the Plan satisfies your obligation to have health coverage in place under the ACA. Therefore, as long as you are covered under the Plan, you will not be subject to the individual mandate.

WILL I BE RECEIVING ANY FURTHER INFORMATION ON THE AFFORDABLE CARE ACT?

Yes. On or around October 1, 2013, you should be receiving a notice (the “Exchange Notice”) from your employer about the Health Insurance Marketplace (the “Exchange Marketplace”). There is nothing that you need to do after receiving the Exchange Notice. It is for informational purposes only. The information contained herein may help resolve any questions that you may have after receiving the Exchange Notice.

WHAT IS THE EXCHANGE MARKETPLACE?

As a result of the ACA, the Exchange Marketplace was established to provide individuals who do not have health coverage or who do not have access to coverage that meets certain minimum standards (referred to as “minimum value”), with an organized marketplace where they can compare and purchase individual health insurance policies on an after-tax basis.

If you have health coverage under the Plan, you are not subject to penalty nor are you required to purchase other health insurance coverage, through the Marketplace or otherwise.

WHAT DO THE TERMS “AFFORDABLE” AND “MINIMUM VALUE” MEAN IN CONNECTION WITH MY HEALTH COVERAGE?

Coverage is considered to provide “minimum value” if the plan pays at least 60% of the costs of benefits offered under the Plan. This Plan provides minimum value. Coverage is considered affordable under the ACA if the employee’s contribution toward coverage is no more than 9.5% of his or her household income. Thus, affordability depends on the amount you pay for coverage in relation to your household income. Of course, to the extent employer contributions to a plan cover 100% of premium costs, coverage is affordable regardless of income.

WHAT IS THE BOTTOM LINE?

The bottom line is that by participating in the Plan, you enjoy quality health coverage, which satisfies your obligation to have health coverage under the ACA. You do not have to do anything further to comply with the ACA, and you can rest assured that your Plan coverage provides more comprehensive benefits than the individual insurance policies that are offered through the Exchange Marketplace.

WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

If you have any questions regarding this information or your coverage under the Plan please contact the Fund Office at (315) 445-9790. You can also find more information regarding the ACA and the Exchange Marketplace at www.HealthCare.gov.

Please note that this information is being provided for general informational purposes only. If you lose Plan coverage and have questions regarding the application of the ACA's requirements to your specific circumstances, you should contact the Exchange Marketplace for your state of residence. You should also note that government guidance on the ACA's requirements is continuously being updated, thus, the information provided herein is only current as of the date of this mailing.