



## Health Care Reform and Your Health Insurance Options

Effective January 1, 2014, the Affordable Care Act — also known as “health care reform” — will require most Americans to have health insurance. Individuals who don’t have coverage by January 1 will be required to pay a penalty.

The Health Insurance Marketplace (“health insurance exchange”) was created to ensure that everyone has access to affordable health insurance. **The Marketplace is an option for someone who does not have employer-provided health coverage** or for someone who chooses not to enroll in employer-provided health coverage. Because you have the option for employer-provided health coverage, **it is unlikely that you will be eligible for federal subsidies.**

### Why Am I Receiving This Notice?

This notice provides you with information about the Health Insurance Marketplace and where you can access a website that contains more information about health plans offered to you by either your state or the U.S. Department of Health and Human Services.

CRI is required to send the enclosed notice to every U.S. employee to comply with rules under the federal Affordable Care Act (ACA).

### What Do I Need To Do?

You’re currently eligible to participate in a CRI-sponsored medical plan. If you participate in the medical plan, you and the Company share in the cost of your coverage. Your share of the cost is paid with pretax dollars.

**If you choose not to participate** in a CRI plan **and you buy insurance in the Marketplace**, you will be responsible for paying the entire premium yourself with after-tax dollars.

### What Is The Individual Mandate Tax?

Under the ACA, starting in 2014, most Americans will be required to have health insurance or pay a penalty. **If you elect coverage through CRI, you will satisfy this requirement.** For more information about the individual mandate, please visit: <http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision>.

This is a Notice on Marketplace Health Insurance Coverage Options. CRI is required by law to send this to you, but know that **no action is required by you.**

### What This Means For You

- **CRI has you and your family covered.** As a benefits-eligible employee, you and your eligible dependents have access to health care coverage through CRI.
- **Our plans are affordable.** You’ll hear about new coverage options available in the Health Insurance Marketplace, but in most cases, CRI’s coverage will continue to provide the greatest value. And because our plans exceed the federally required “minimum value standards,” it is **unlikely that our employees will be eligible** for federal subsidies.
- **We’ll keep you updated.** As we get updates, we’ll provide resources and support to help you understand the impact of health care reform and to **feel confident** about your personal coverage decisions.

### Questions?

Call 800.318.2596 (TTY: 855.889.4325) or visit [www.healthcare.gov](http://www.healthcare.gov).





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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## 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.<sup>1</sup> Your employer's health plan satisfies the minimum value standard, and the cost of this health plan to you is intended to be affordable, based on employee wages.

**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.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. 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.

<sup>1</sup> 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.