



New Health Insurance Marketplace Coverage Options and Your Health Coverage

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.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 DePaul University's Benefits Department at (312) 362-8232.

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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name DePaul University		4. Employer Identification Number (EIN) 36-2167048
5. Employer Address 1 East Jackson Blvd.		6. Employer Phone Number (312) 362-8000
7. City Chicago	8. State Illinois	9. Zip Code 60604
10. Who can we contact about employee health coverage this job? DePaul University Benefits Department		
11. Phone Number (if different from above) (312) 362-8232		12. Email Address HRBenefits@depaul.edu

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

- As your employer, we offer a health plan to some employees. Eligible employees are:
 - **Full-Time Employees** who are in:
 - an **active faculty position** classified as full-time and under a contract or letter of appointment issued by the Office of the Provost; or
 - an **active staff member position** classified as full-time and regularly scheduled to work at least 1,820 hours per year.
 - **Instructional Associates**
An employee in a faculty position classified as an Instructional Associate. The Instructional Associate classification is a grandfathered group and is not available to new employees.
 - **Part-Time Employees** who meet the conditions described below.

The Office of the Provost reviews benefits eligibility for part-time faculty members at the end of each academic year to determine eligibility for the following academic year (through August). In any academic year, in order to be eligible for benefits in the following academic year (through August), an adjunct faculty member must:
 - have at least one academic year of continuous service (where the “academic year” is September through June);
 - have taught at least six 4-credit hour courses (or the equivalent as determined by the Deans and approved by the Provost) in such academic year of continuous service (or, if you teach during the summer session, seven 4-credit courses (or the equivalent)); and
 - be committed to teach at least six 4-credit hour courses (or the equivalent) in the following academic year, for which eligibility is being determined (or, if teaching during the summer session, seven 4-credit courses (or the equivalent)).
The Compensation and Benefits Department reviews benefits eligibility for part-time staff members at the end of each calendar year to determine eligibility for the following plan year. In any calendar year, in order to be eligible for benefits in the following plan year, a part time staff member must:
 - have worked one complete calendar year (January through December);
 - have completed 1,000 hours in such calendar year, based on payroll records; and
 - be projected to work at least 1,000 hours in the following calendar year, for which eligibility is being determined (as certified by the employee’s department manager).
Note: In determining whether a part-time employee has completed at least 1,000 hours in a calendar year, hours worked in all part-time positions will be taken into account.
 - **Voluntary Reduced Work Time Arrangements**
Employees who transition to a voluntary reduced work time arrangement under DePaul’s Voluntary Reduced Work Time Arrangement.
- Employees are not eligible to participate in the Health Plan if they are:
 - covered by a collective bargaining agreement;
 - in a position classified as a student employee;

- a member of the Midwest Province of the Congregation of the Mission;
 - an employee who has a non-U.S. home country or non-U.S. permanent residence, and you are employed in a position that will require you to work in a non-U.S. location; or
 - designated by DePaul to be an independent contractor (whether determined at a later date to be a common law employee or otherwise).
- With respect to dependents, if you enroll in a Health Plan, you may enroll an eligible dependent.

Eligible dependents are:

- **Your Spouse**

A spouse is a person of the opposite sex to whom you are legally married, if the marriage is recognized in the state in which you reside and in accordance with federal law. A spouse may include an individual described in this section from whom you are separated under a legal separation decree.

- **Your Second Domiciled Adult**

If you are eligible for coverage under the Health Plans, you have the option of enrolling either a Related SDA or an Unrelated SDA, in lieu of enrolling a spouse. You are limited to enrolling only one SDA, and you may enroll a spouse or SDA, but not both.

Your SDA may fall under one of two classifications: Related SDA or Unrelated SDA. The criteria for each of these classifications are explained below.

Related SDA

An adult member of your household is a Related SDA if he or she:

- is your relative including your parent, son, daughter, grandchild, great grandchild, grandparent, great grandparent, brother, sister, half-brother, half-sister, uncle, aunt, nephew, niece, mother-in-law, father-in-law, stepparent, or stepchild;
- is at least 18 years of age prior to the effective date of the coverage;
- shares your principal residence, and has shared your principal residence for at least the 6 months immediately prior to the effective date of the coverage;
- does not have other group health insurance;
- is not eligible for Medicare or Medicaid; and
- is your qualifying child or qualifying relative.

Definition of Qualifying Child

An individual is your “qualifying child” if he or she:

- is a citizen or national of the United States, or a resident of the United States, Mexico or Canada;
- is your child, sibling, stepsibling, or a descendant of any such individual;
- as of the last day of the year, is under age 19, under age 24 if a full-time student, or any age if permanently and totally disabled;
- provides 50% or less of his or her own support for the year; and
- resides at your principal place of residence for more than six months of the year (excluding temporary absences, such as for school).

Definition of Qualifying Relative

An individual is your “qualifying relative” if he or she:

- is a citizen or national of the United States, or a resident of the United States, Mexico or Canada;
- is your child, a descendant of your child, your sibling, your stepsibling, your parent, an ancestor of your parent, your stepparent, your niece, your nephew, your aunt, your uncle, your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law, or a member of your household who lives with you for the full tax year;
- receives more than 50% of his or her support for the year from you; and
- is not a “qualifying child” of you or any other taxpayer for the year.

Unrelated SDA

An adult (same or opposite sex as you) member of your household is an Unrelated SDA if he or she:

- is not related to you in any way that would prohibit marriage;
- is not legally married to any person;
- is at least 18 years of age prior to the effective date of the coverage;

- has shared your principal place of residence for at least the 6 months immediately prior to the effective date of the coverage;
- has a close personal relationship with you (not a casual roommate or tenant) that you and the SDA intend to be permanent;
- shares with you a mutual obligation of support and responsibility for each other's welfare; and
- does not have other group health insurance.

Your Unrelated SDA also includes an individual with whom you have entered into a civil union in Illinois, or a same-sex marriage, civil union, registered domestic partnership, or equivalent relationship that is recognized under the applicable law of another state, as long as such relationship has not been dissolved under applicable law.

Your Children

Generally, a child includes your natural-born child, your adopted child (including a child who is placed permanently with you for adoption), your stepchild, and a child for whom you are the court-appointed legal guardian.

Your child must be:

- under age 26;
- under age 30, if a military veteran residing in Illinois, who has received a release or discharge (other than a dishonorable discharge); or
- any age, if disabled.

Children of Your Second Domiciled Adult

If your SDA is enrolled for coverage under the Health Plans, you may have the option to enroll your SDA's children in the Health Plans as well. Generally, a child includes your SDA's natural-born child, adopted child (including a child who is placed permanently for adoption), stepchild, and a child for whom your SDA is the court-appointed legal guardian.

Your Unrelated SDA's child is eligible to participate in the Medical Plan if he or she is:

- under age 26;
- under age 30, if a military veteran residing in Illinois, who has received a release or discharge (other than a dishonorable discharge); or
- any age, if disabled.

Your Related SDA's child is eligible to participate in the Medical Plan if he or she:

- is unmarried;
- is either:
 - under age 26,
 - under age 30, if a military veteran residing in Illinois, who has received a release or discharge (other than a dishonorable discharge), or
 - any age, if disabled;
- resides at your principal place of residence for at least six months of the year (excluding temporary absences, such as for school); and
- receives more than 50% of his or her annual financial support from either you or your SDA.

If checked, this coverage meets the minimum value standard.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.