

*This Appendix contains some of the information you will need should you decide to apply for coverage through a Marketplace. This page is based on MNsure's Appendix A and includes information similar to the federal Marketplace application that may be required if you live in a state other than Minnesota. Included in *italics* is information about your state-sponsored coverage that you may need to complete this form. Please contact your agency's Human Resource department if you need specific information about your eligibility and contact SEGIP if you need information about your insurance coverage or dependent eligibility.*

APPENDIX A: Health Coverage from Jobs

EMPLOYER Information

3. Employer name <i>Enter the name of your employing agency</i>		4. Employer Identification Number (EIN) 41-6007162	
5. Employer Address <i>Use your agency's headquarters' address</i>		6. Employer Phone Number <i>Provide your agency's Human Resource phone number or the central phone number</i>	
7. City	8. State	9. Zip Code	
10. Who can we contact about employee health coverage at this job? <i>SEGIP</i>			
11. Phone Number <i>651.355.0100 or www.mmb.state.mn.us/pay-bene/ins</i>		12. Email address <i>segip.mmb@state.mn.us</i>	
13. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?			
<ul style="list-style-type: none"> • <i>As your employer, we offer a health plan to most employees.</i> <ul style="list-style-type: none"> ○ <i>You are likely eligible for employee health insurance coverage if you work on average 30 hours per week or more, unless you are an:</i> <ul style="list-style-type: none"> ▪ <i>emergency employee, temporary classified employee, intern, student worker, on-the-job demonstration worker, or an intermittent worker</i> ○ <i>If you work on average 30 hours per week or more, and are not employed by the State as one of the above listed employment types, and are not offered health insurance coverage please contact your agency's human resource department to understand your coverage options</i> ○ <i>If you work on average less than 30 hours per week you may be able to purchase coverage through the State but may be required to pay more of the premium than do employees who work on average 30 hours or more per week</i> • <i>With respect to dependents we offer coverage for:</i> <ul style="list-style-type: none"> ○ <i>Your spouse provided you are lawfully married under the laws of the State of Minnesota.</i> ○ <i>Your children, including your biological, adopted, placed for adoption, stepchildren, and certain foster children until the age allowed under the plan.</i> ○ <i>Your grandchild if 1) the grandchild is unmarried, dependent upon you for principal support and maintenance and lives with you, and if your child (the grandchild's parent) is unmarried and no more than 18 years of age); or 2) the grandchild is dependent upon you for principal support and maintenance and has resided with you continuously since birth; under both provisions the grandchild is eligible until the age allowed under the plan.</i> ○ <i>Your disabled child of any age or marital status, if that child is incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, and chiefly dependent upon you for principal support and maintenance, and you must provide proof of such incapacity and dependency not more frequently than annually as requested by your health plan administrator.</i> ○ <i>Any other individual required by state or federal law to be covered.</i> 			
14. Does the employer offer a health plan that meets the minimum value standard*?		Yes	
15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (do not 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 did not receive any other discounts based on wellness programs.			
a. How much would the employee have to pay in premiums for this plan?		\$0	
b. How Often?		N/A	
16. What change will the employer make for the new plan year (if known)?		None are planned for the 2014 Plan Year.	

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefits 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.