***A Note about COVID-19:*** The content of the HIPAA special enrollment notice and the COBRA Initial Notice in this packet may be affected by disaster relief guidance issued in response to the COVID-19 pandemic (see our article [on](https://www.hubinternational.com/products/employee-benefits/compliance-bulletins/2020/05/cobra-participant-relief/) hubinternational.com on these issues).

The notice templates provided by HUB do not reflect that relief for a couple of reasons. First, the relief may apply differently depending on how you and/or your vendors have chosen to apply the guidance. Second, we assume you have already communicated about the COVID-19 relief with your employees. However, as a best practice, HUB recommends you include information about the COVID-19 relief with your enrollment communications, even if you have communicated it previously.

**Section I: Annual Notices and Forms for All Plans**

# Medicare Part D Creditable Coverage Notice

**Important Notice from Wyoming Chambers Health Benefit Plan About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Wyoming Chambers Health Benefit Plan (the “Plan Sponsor”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Plan Sponsor has determined that the prescription drug coverage offered by the Chamber Plan 1,3, & 6 Age Banded, Age Banded w/wellness, Composite & Composite w/wellness is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Plan Sponsor and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan Sponsor changes. You also may request a copy of this notice at any time.

## For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

* Visit [www.medicare.gov.](http://www.medicare.gov.)
* Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov/) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 7/1/2022

Name of Entity/Sender: Wyoming Chambers Health Benefit Plan

Contact-Position/Office: President

Address: 314 S Gillette Ave Gillette, Wy 82716

Phone Number: (307) 682-3673

# CHIPRA/CHIP Notice

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [**www.healthcare.gov**](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [**www.insurekidsnow.gov**](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment“ opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [**www.askebsa.dol.gov**](http://www.askebsa.dol.gov) or call **1-866-444-EBSA** **(3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –**

|  |  |
| --- | --- |
| **ALABAMA – Medicaid** | **COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)** |
| Website: <http://myalhipp.com/>Phone: 1-855-692-5447 | Health First Colorado Website: <https://www.healthfirstcolorado.com/> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus> CHP+ Customer Service: 1-800-359-1991/ State Relay 711Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program> HIBI Customer Service: 1-855-692-6442 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment ProgramWebsite: <http://myakhipp.com/> Phone: 1-866-251-4861Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx> | Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html> Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **GEORGIA – Medicaid**  |
| Website: <http://myarhipp.com/>Phone: 1-855-MyARHIPP (855-692-7447) | A HIPP Website: [https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-%20insurance-premium-payment-program-hipp)Phone: 678-564-1162, Press 1 GA CHIPRA Website:[https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra](https://medicaid.georgia.gov/programs/third-party-%20liability/childrens-health-insurance-program-reauthorization-%20act-2009-chipra)Phone: (678) 564-1162, Press 2 |

|  |  |
| --- | --- |
| **CALIFORNIA – Medicaid** | **INDIANA – Medicaid**  |
| Website:Health Insurance Premium Payment (HIPP) Program<http://dhcs.ca.gov/hipp> Phone: 916-445-8322Fax: 916-440-5676Email: hipp@dhcs.ca.gov  | Healthy Indiana Plan for low-income adults 19-64Website: <http://www.in.gov/fssa/hip/>Phone: 1-877-438-4479All other MedicaidWebsite: <https://www.in.gov/medicaid/> Phone 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **MONTANA – Medicaid** |
| Medicaid Website: <https://dhs.iowa.gov/ime/members> Medicaid Phone: 1-800-338-8366Hawki Website: <http://dhs.iowa.gov/Hawki> Hawki Phone: 1-800-257-8563HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> HIPP Phone: 1-888-346-9562 | Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>Phone: 1-800-694-3084 |
| **KANSAS – Medicaid** | **NEBRASKA – Medicaid** |
| Website: <https://www.kancare.ks.gov/> Phone: 1-800-792-4884 | Website: <http://www.ACCESSNebraska.ne.gov>Phone: 1-855-632-7633Lincoln: 402-473-7000Omaha: 402-595-1178 |
| **KENTUCKY – Medicaid** | **NEVADA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> Phone: 1-855-459-6328Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx> Phone: 1-877-524-4718Kentucky Medicaid Website: <https://chfs.ky.gov>  | Medicaid Website: <http://dhcfp.nv.gov> Medicaid Phone: 1-800-992-0900 |
| **LOUISIANA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp) Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: <https://www.dhhs.nh.gov/oii/hipp.htm> Phone: 603-271-5218Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **MAINE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>Phone: 1-800-442-6003TTY: Maine relay 711Private Health Insurance Premium Webpage:<https://www.maine.gov/dhhs/ofi/applications-forms> Phone: -800-977-6740. TTY: Maine relay 711 | Medicaid Website: [http://www.state.nj.us/humanservices/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)[dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)Medicaid Phone: 609-631-2392CHIP Website: <http://www.njfamilycare.org/index.html>CHIP Phone: 1-800-701-0710 |

|  |  |
| --- | --- |
| **MASSACHUSETTS – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Website: <https://www.mass.gov/masshealth/pa>Phone: 1-800-862-4840 | Website: <https://www.health.ny.gov/health_care/medicaid/>Phone: 1-800-541-2831 |
| **MINNESOTA – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> Phone: 1-800-657-3739 | Website: <https://medicaid.ncdhhs.gov/> Phone: 919-855-4100 |
| **MISSOURI – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>Phone: 573-751-2005 | Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>Phone: 1-844-854-4825 |

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| --- | --- |
| **OKLAHOMA – Medicaid and CHIP** | **UTAH – Medicaid and CHIP** |
| Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org/)Phone: 1-888-365-3742 | Medicaid Website: <https://medicaid.utah.gov/>CHIP Website: <http://health.utah.gov/chip>Phone: 1-877-543-7669 |
| **OREGON – Medicaid**  | **VERMONT– Medicaid** |
| Website: <http://healthcare.oregon.gov/Pages/index.aspx><http://www.oregonhealthcare.gov/index-es.html>Phone: 1-800-699-9075 | Website: <http://www.greenmountaincare.org/>Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx> Phone: 1-800-692-7462 | Website: <https://www.coverva.org/en/famis-select>  <https://www.coverva.org/en/hipp> Medicaid Phone: 1-800-432-5924CHIP Phone: 1-800-432-5924 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: <http://www.eohhs.ri.gov/>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: <https://www.hca.wa.gov/> Phone: 1-800-562-3022  |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: <https://www.scdhhs.gov>Phone: 1-888-549-0820 | Website: <https://dhhr.wv.gov/bms/> http://mywvhipp.com/ Medicaid Phone: 304-558-1700CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: [http://dss.sd.gov](http://dss.sd.gov/)Phone: 1-888-828-0059 | Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |
| Website: <http://gethipptexas.com/>Phone: 1-800-440-0493 | Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

**Employee Benefits Security Administration Centers for Medicare & Medicaid Services**

U.S. Department of Labor U.S. Department of Health and Human Services

[**www.dol.gov/agencies/ebsa**](https://www.dol.gov/agencies/ebsa) [**www.cms.hhs.gov**](http://www.cms.hhs.gov/)

1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

# Annual Notice of Women’s Health and Cancer Rights Act

Do you know that your plan, as required by the Women’s Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **(307) 682-3673** for more information.

**Section II: Annual Notices and Forms that Apply to Some Employers or Plans**

# Wellness Program Disclosure (EEOC language updated) – *Applies to employers with wellness programs*.

## EEOC Wellness Notice

Wyoming Health Fairs is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program, you will be asked to complete a biometric screening, which will include a blood test for 32 blood panel. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of 8% reduction in rates for completing the blood draw. Although you are not required to participate, only employees who do so will receive the incentive.

*Protections from Disclosure of Medical Information*

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Wyoming Chambers Health Benefit Plan may use aggregate information it collects to design a program based on identified health risks in the workplace, Wyoming Health Fairs will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are)Members PCP in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Gail Lofing, President at 314 S Gillette Ave Gillette, Wy 82716, (307) 682-3673, gaill@gillettechamber.com.

# Health Insurance Waiver Form (Optional) – *For plans that don’t enroll electronically and/or want proof of employees declining coverage*

## Note: The employer may need to revise this document according to its Plan terms and administration.

|  |  |
| --- | --- |
| Employee Name: | Manager: |
| Date: | Department: | **Position:** |

**Employee Initials:**

\_\_\_\_\_\_\_\_\_ I acknowledge that I (and any eligible dependents) have been offered coverage with the opportunity to enroll or decline in the **Chamber Plan 1,3, & 6 Age Banded, Age Banded w/wellness, Composite & Composite w/wellness**.

\_\_\_\_\_\_\_\_\_ I decline enrolling myself or eligible dependents in the group health plan coverage because:

 **Employee (check one):**

* I decline medical coverage and do not have insurance
* I decline medical coverage because I have other insurance coverage provided by (check one):
	+ Insurance Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy/Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Through (Employer Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Dependents (check if applicable):**

* I decline medical coverage for my eligible dependents. Below is a list of each dependent and the reason for the declinations.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Notice of Possible Enrollment Rights

If you or a member of your family loses coverage or has a change in family or employment circumstances, you or they may be eligible to enroll before the next open enrollment. Contact **Gail Lofing**, **President** at **314 S Gillette Ave Gillette, Wy 82716**, **(307) 682-3673**, **gaill@gillettechamber.com** for more information if you think this may apply to you.

Printed Name:

Date:

Signature:

**Section III: Notices and Forms that Apply Before, On, or Shortly After Initial Enrollment**

Notice of Marketplace Coverage Options – *Must be provided within 14 days of day of hire.*

**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 employment­based 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 November 1, 2021 for coverage starting January 1, 2022.

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% (as adjusted annually) 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. **Gail Lofing, President** at **314 S Gillette Ave Gillette, Wy 82716**, **(307) 682-3673**, **gaill@gillettechamber.com**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://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 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

|  |  |
| --- | --- |
| 3. Employer name Wyoming Chambers Health Benefit Plan | 4. Employer Identification Number (EIN)26-0203881 |
| 5. Employer address, 7. City, 8. State, 9. Zip Code314 S Gillette Ave Gillette, Wy 82716 | 6. Employer phone number(307) 682-3673 |
| 10. Who can we contact about employee health coverage at this job?Gail Lofing, President |
| 11. Phone number (if different from above)(307) 682-3673 | 12. Email addressgaill@gillettechamber.com |

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.

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

* As your employer, we offer a health plan to:

[x]  All employees. Eligible employees are:working 30+ hours a week

[ ]  Some employees. Eligible employees are:

* With respect to dependents:

[x]  We do offer coverage. Eligible dependents are:Spouse and dependent children up to age 26

[ ]  We do not offer coverage.

[x]  If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

*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.*

# Notice of Special Enrollment Rights – *Must be provided at or prior to initial enrollment.*

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment no later than **30 days** after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days** after the date of the event to request enrollment in your employer’s plan:

* Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
* Your dependents become eligible for a state’s premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request. **through Ease online portal**.

To request special enrollment or obtain more information, contact **Wyoming Chambers Health Benefit Plan**, Human Resource Dept. at **(307) 682-3673**.