



San Diego Community College District
Employee Services – Health Benefits
3375 Camino del Rio South, San Diego, California 92108

If you have District Health Benefits, no action is required on your part. You currently have access to minimum essential coverage that is affordable and meets the minimum value requirements.

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 in California. To assist you as you evaluate options for you and your family, this notice provides some basic information about a new Marketplace called Covered California, and employment-based health coverage offered by your employer.

How Can I Get More Information?

For more information about your coverage offered by San Diego Community College District, please check the summary plan description on the Benefits website at <http://hr.sdccd.edu/benefits/benefirms.cfm> or contact the San Diego Community College District Benefits Office at 619-388-6587.

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit www.coveredca.com or call 888-975-1142 for more information.

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 Covered California, you will be asked to provide this information. This information is numbered to correspond to the Covered California application.

3. Employer name: San Diego Community College District
4. Employer Identification Number: 95-2644299
5. Employer Address: 3375 Camino del Rio South
6. Employer phone number: 619-388-6587
7. City: San Diego 8. State: California 9. Zip code: 92108
10. Who can we contact about employee health coverage at this job? All Benefits Office staff at 619-388-6587.
11. Phone number (if different from above): Same as above
12. Email address: hrbenefits@sdccd.edu

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

As your employer, we offer a health plan to:

All Employee

Some employees. Eligible employees are: Permanent full-time and permanent part-time employees

With respect to dependents:

(x) We do offer coverage. Eligible dependents are:

- Current spouse/domestic partner
- Natural, adopted/step/Legal-Guardianship, or domestic partner's children up to age 26
- Disabled children of any age if enrolled prior to age 26

() We do not offer coverage.

() If unchecked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on the employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through Covered California. Covered California 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 Covered California they will guide you through the process. Here's the employer information you'll enter when you visit Covered California to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Covered California Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

() **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? First day of month after hire AND completion of health benefits (HB) application.

() **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard?

(X) Yes (Go to Question 15) () No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard offered only to the employee (don't 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 didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan in 2013? Permanent full-time employees and permanent part-time employees pay ZERO.

b. How often? () Weekly () Every 2 weeks () Twice a month (X) Monthly
() Quarterly () Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard *
(Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan effective in 2014?

Permanent full-time and permanent part-time employees pay ZERO.

b. How often? Weekly Every 2 weeks Twice a month Monthly
 Quarterly Yearly

Date of change: January 1, 2014