Grandfathered Health Plan under the Patient Protection and Affordable Care Act

The Diocese of Covington Health and Welfare Plan (the "Plan") has maintained a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866.444.3272 or www.dol.gov/ebsa/healthcarereform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Rescission of Coverage

Beginning with Plan Years starting on or after September 23, 2010, a grandfathered plan may rescind coverage only under limited circumstances (such as in the case of fraud or an intentional misrepresentation of fact). This applies to a cancellation or discontinuation of coverage that has retroactive effect (unless the cancellation is effective retroactively due to a failure to timely pay premiums). A grandfathered health plan must provide at least 30 calendar days' advance notice to an enrollee coverage may be rescinded.

Rules Limiting Reimbursement for Over- the- Counter Medications

Effective for expenses incurred beginning in 2011, health FSAs, (including grandfathered plans) may not reimburse participants for the cost of medication unless the medication is a prescribed drug or insulin, and thus may not reimburse costs of most over-the- counter medications.

Women's Health & Cancer Rights Act (WHCRA)

Federal and State legislation require group health plans and health insurers provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for:

» Reconstruction of the breast on which the mastectomy has been performed;
» Surgery and reconstruction of the other breast to produce a symmetrical appearance, and;
» Prostheses and treatment for physical complications for all stages of mastectomy, including lymphedemas.

The Newborns' Act
The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

Military Leave Employees
Continuation of Coverage Due to Military Service In the event you are no longer Actively at Work due to military service in the Armed Forces of the United States, you may elect to continue health coverage for yourself and your dependents (if any) under the Plan in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

"Military Service" means performance of duty on a voluntary or involuntary basis, and includes active duty, active duty for training, initial active duty for training, inactive duty training, and full-time National Guard duty.

You may elect to continue to cover yourself and your eligible dependents (if any) under the Plan by notifying your employer in advance and payment of any required contribution for health coverage. This may include the amount the Employer normally pays on your behalf. If your military service is for a period of time less than 31 days, you may not be required to pay more than the active member contribution for continuation of health coverage.

If continuation is elected under this provision, the maximum period of health coverage under the Plan shall be the lesser of:

- The 24-month period beginning on the first date of your absence from work; or
- The day after the date on which you fail to apply for or return to a position of employment

Regardless whether you continue your health coverage, if you return to your position of employment, your health coverage and that of your eligible dependents (if any) will be reinstated under the Plan. No exclusions or waiting period may be imposed on you or your eligible dependents in connection with this reinstatement unless a sickness or injury is determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, the performance of military service.

Health Insurance Portability & Accountability Act (HIPAA)
Enrollment Rights under the Health Insurance Portability and Accountability ACT (HIPAA)
If you are declining enrollment for yourself or your dependents (including your spouse or child(ren)) because of other health insurance, you may be able to enroll yourself and your dependents in an Diocese of Covington plan if you or your dependents lose eligibility for that other coverage. You must request enrollment within 31 days of the date the other coverage ends. 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 within 31 days of the date the other coverage ends.

Notice of Availability
This notice describes how you may obtain a copy of the Plan's Notice of Privacy Practices, which describes the ways that the Plan uses and discloses your protected health information (PHI). The Diocese of Covington provides health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses PHI.

Children's Health Insurance Program Reauthorization Act
New Special Enrollment Period for Health Coverage
Eligible employees and their dependents may enroll in the Diocese of Covington health coverage at time of hire, during open enrollment or when they experience a qualifying event such as marriage, birth of a child or loss of other coverage.

The group health plans provided by Diocese of Covington include two additional special enrollment opportunities. These two qualifying events are when:
1. The employee or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
2. The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

An employee must request this special enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. Thirty-day notice is required for all other special enrollments.

Should you have a qualifying event and want to enroll in health coverage, contact your location administrator. 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.

Notice of Creditable Prescription Drug Coverage If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Diocese of Covington 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. 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.

Individuals can enroll in a Medicare drug plan when you first become eligible, and each year from October 15 through December 7. If you lose your current creditable prescription drug coverage or decide to leave the Diocese of Covington you may be eligible for a Medicare Special Enrollment Period. Diocese of Covington has determined that the prescription drug coverage offered by the Notice of Diocese of Covington Health Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because Diocese of Covington's coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you decide to join a Medicare drug plan and you are an active employee or family member of an active employee, you may also continue your Diocese of Covington coverage. In this case, the Diocese of Covington plan will continue to pay primary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Diocese of Covington coverage, Medicare will be your only payer. Active employees can re-enroll in the Diocese of Covington Healthcare Plan at annual enrollment or if you have a special enrollment event.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if the Diocese of Covington coverage changes or upon request.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Medicare participants will get a copy of this handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. Here's how to get more information about Medicare drug coverage.

You should know that if you waive or leave coverage with the Diocese of Covington and you go 63 continuous days or longer without creditable prescription drug coverage (once the applicable Medicare enrollment period ends), your monthly Part D premium may go up by at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. 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 November to join.

Visit www.medicare.gov for personalized help.
» Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number).

» 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, 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 whether or not you are re- quired to pay a higher premium (a penalty).

For more information about this notice or your prescription drug coverage, please contact:

Name of Entity: Diocese of Covington
Contact: Elaine Schaser
Address: 1125 Madison Ave Covington, KY 41011-3115 Phone Number: 859-392-1500

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on pages 6-7, 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 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 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 31st, 2019. Contact your State for more information on eligibility

ALABAMA - MEDICAID	FLORIDA - MEDICAID
Website: http://myalhipp.com/ **Phone:** 1-855-692-5447	**Website:** http://flmedicaidtplrecovery.com/hipp/ **Phone:** 1-877-357-3268
ALASKA - MEDICAID	**GEORGIA - MEDICAID**
The AK Health Insurance Premium Payment Program **Website:** http://myakhipp.com/ **Phone:** 1-866-251-4861 **E-mail:** CustomerService@MyAKHIPP.com **Medicaid Eligibility:** http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	**Website: Medicaid** www.medicaid.georgia.gov -Click on Health Insurance Premium Payment (HIPP) **Phone:** 1-404-656-4507
ARKANSAS - MEDICAID	**INDIANA - MEDICAID**
Website: http://myarhipp.com/ **Phone:** 1-855-MyARHIPP (1-855-692-7447)	Healthy Indiana Plan for low-income adults (age 19-64) **Website:** http://www.in.gov/fssa/hip/ **Phone:** 1-877-438-4479 All Other Medicaid **Website:** http://www.indianamedicaid.com **Phone:** 1-800-403-0864
IOWA - MEDICAID	**KANSAS - MEDICAID**
Website: http://dhs.iowa.gov/hawk-i **Phone:** 1-800-257-8563	**Website:** http://www.kdheks.gov/hcf/ **Phone:** 1-785-296-3512
KENTUCKY - MEDICAID	**NEW HAMPSHIRE - MEDICAID**
Website: http://chfs.ky.gov/ **Phone:** 1-800-635-2570	**Website:** http://www.dhhs.nh.gov/oii/hipp.htm **Phone:** 1-603-271-5218 **Toll-Free:** 1-800-852-3345, ext. 5218
LOUISIANA - MEDICAID	**NEW JERSEY - MEDICAID & CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 **Phone:** 1-888-695-2447	**Medicaid Website:** http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ **Medicaid Phone:** 1-609-631-2392 **CHIP Website:** http://www.njfamilycare.org/index.html **CHIP Phone:** 1-800-701-0710
MAINE - MEDICAID	**NEW YORK - MEDICAID**

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html **Phone:** 1-800-442-6003 **TTY:** Maine Relay 711	**Website:** https://www.health.ny.gov/health_care/medicaid/ **Phone:** 1-800-541-2831
MASSACHUSETTS - MEDICAID & CHIP	**NORTH CAROLINA - MEDICAID**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ **Phone:** 1-800-862-4840	**Website:** https://dma.ncdhhs.gov/ **Phone:** 1-919-855-4100
MINNESOTA - MEDICAID	**NORTH DAKOTA - MEDICAID**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp **Phone:** 1-800-657-3739 or 1-651-431-2670	**Website:** http://www.nd.gov/dhs/services/medicalserv/medicaid/ **Phone:** 1-844-854-4825
MISSOURI - MEDICAID	**OKLAHOMA - MEDICAID & CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm **Phone:** 1-573-751-2005	**Website:** http://www.insureoklahoma.org **Phone:** 1-888-365-3742
MONTANA - MEDICAID	**OREGON - MEDICAID & CHIP**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP **Phone:** 1-800-694-3084	**Website:** http://healthcare.oregon.gov/Pages/index.aspx & http://www.oregonhealthcare.gov/index-es.html **Phone:** 1-800-699-9075
NEBRASKA - MEDICAID	**PENNSYLVANIA - MEDICAID**
Website: http://www.ACCESSNebraska.ne.gov **Phone:** 855-632-7633 **Lincoln:** 402-473-7000 **Omaha:** 402-595-1178	**Website:** http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm **Phone:** 1-800-692-7462
NEVADA - MEDICAID	**RHODE ISLAND - MEDICAID**
Medicaid Website: https://dwss.nv.gov/ **Phone:** 1-800-992-0900	**Website:** http://www.eohhs.ri.gov/ **Phone:** 1-401-462-5300
SOUTH CAROLINA - MEDICAID	**VIRGINIA - MEDICAID & CHIP**

Website: https://www.scdhhs.gov **Phone:** 1-888-549-0820	**Medicaid Website:** http://www.coverva.org/programs_premium_assistance.cfm **Medicaid Phone:** 1-800-432-5924 **CHIP Website:** http://www.coverva.org/programs_premium_assistance.cfm **CHIP Phone:** 1-855-242-8282
SOUTH DAKOTA - MEDICAID	**WASHINGTON - MEDICAID**
Website: http://dss.sd.gov **Phone:** 1-888-828-0059	**Website:** http://www.hca.wa.gov/free-or-low-cost-healthcare/program-administration/premium-payment-program **Phone:** 1-800-562-3022 ext. 15473
TEXAS - MEDICAID	**WEST VIRGINIA - MEDICAID**
Website: http://gethipptexas.com/ **Phone:** 1-800-440-0493	**Website:** http://mywvhipp.com **Phone:** 1-855-MyWVHIPP (1-855-699-8447)
UTAH - MEDICAID & CHIP	**WISCONSIN - MEDICAID & CHIP**
Medicaid Website: https://medicaid.utah.gov/ **CHIP Website:** http://health.utah.gov/chip **Phone:** 1-877-543-7669	**Website:** https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf **Phone:** 1-800-362-3002
VERMONT - MEDICAID	**WYOMING - MEDICAID**
Website: http://www.greenmountaincare.org/ **Phone:** 1-800-250-8427	**Website:** https://health.wyo.gov/healthcarefin/medicaid/ **Phone:** 1-307-777-7531

To see if any other states have added a premium assistance program since January 31st, 2019 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

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 Elaine Schaser.

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	4. Employer Identification Number (EIN)
Diocese of Covington	61-0458380
5. Employer address	**6. Employer phone number**
1125 Madison Ave	859-392-1500

7. City	8. State	9. ZIP code
Covington	KY	41011

10. Who can we contact about employee health coverage at this job?	
Elaine Schaser	
11. Phone number (if different from above)	**12. Email address**
	eschaser@covdio.org

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

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:

    Benefits Eligible
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.

☒ 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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer 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?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ 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? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ 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 would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)