

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

The Affordable Care Act, or "Obamacare," requires that you be provided with information about the new "Marketplace" coverage. This Notice also provides you with key facts about the benefits you have through the Central Pennsylvania Teamsters Health & Welfare Fund ("Fund"). Although you have the right to purchase Marketplace coverage, you are not required to do so. It is very likely that the Fund will provide better coverage at a lower cost to you than any coverage available through the Marketplace.

Please note: Nothing in this notice bears on an employer's obligation to the Fund under the terms of an existing collective bargaining agreement.

General Information:

Under the "Affordable Care Act" or "Obamacare," individuals will soon be able to purchase health insurance coverage through the "**Marketplace.**" The "Marketplace" is also called an "Exchange." Open enrollment begins on October 1, 2013 for Marketplace coverage that will be effective January 1, 2014.

What is a "Marketplace"?

The Marketplace allows individuals to compare and buy insurance plans - either **directly through the website**, at www.healthcare.gov or by calling a **toll-free phone hotline at 1-800-318-2596**. On the website, individuals will be able to compare information about health plans offered on the Marketplace, including availability, covered benefits, premiums, cost-sharing, provider networks, and financial information. You will also be able to get comparable information from the toll-free hotline operators.

Does the Marketplace only offer government health insurance?

No. Through the Marketplace, individuals will be able to purchase coverage from private insurance companies, like Blue Cross, Aetna and HealthAmerica. However, individuals can also learn whether they or their children are eligible for Medicaid, CHIP or other federal health programs.

Your Current Benefits:

You currently have coverage through the Central Pennsylvania Teamsters Health & Welfare Fund ("Fund") based on either a Collective Bargaining Agreement between your employer and your local union, or a Participation Agreement governing your eligibility for coverage. ***You should be aware that the Fund's coverage meets the "minimum value" and "affordability"* requirements set forth in the Affordable Care Act.***

The Fund offers coverage to all eligible dependents, including your spouse as well as your children (including natural, adopted, stepchildren, children placed with you for adoption or for whom you have permanent legal and physical custody).

The Fund's address is 1055 Spring Street, Wyomissing, PA 19610. The Fund's Employer Identification Number is 23-6263170. You can reach the Fund Office at the following phone numbers: in Pennsylvania: 610-320-5500 or TOLL FREE: 1-800-422-8330 or from other locations within the USA: 1-800-331-0420.

Is the coverage I could purchase on the Marketplace better or less expensive than the coverage I receive from the Central Pennsylvania Teamsters Health & Welfare Fund?

As stated above, it is very likely that the Fund will provide better coverage at a lower cost to you than any coverage available through the Marketplace. However, you must evaluate this choice. To do so, you must consider the amount, if any, that you pay monthly for Fund coverage (for example, \$70 per month toward your premium) as well as the deductible and out-of-pocket limits for your current plan. You will need to compare these numbers to the monthly premium, deductible and out-of-pocket limits for the health insurance coverage available through the Marketplace. You can start your comparison by reviewing the enclosed Summary of Benefits Coverage, which describes your current Fund coverage.

I have heard that I could be eligible for assistance in paying the premium for my Marketplace coverage and also be eligible for reduced out-of-pocket costs. Am I eligible for these Marketplace benefits?

An individual who has employer-provided coverage is eligible for a "premium assistance tax credit" ***only if*** (a) the employer-provided coverage does not provide at least a minimum level of coverage or (b) costs more than 9.5% of your income for single employee coverage. With respect to (a), please be advised that the Fund coverage is well above the minimum level of coverage required. With respect to (b), it is unlikely that an individual covered under the Fund must pay 9.5% of his salary for single only coverage.

For example, an individual earning \$57,000 annually would have to pay at least \$450 per month for his employee-only coverage before he would be eligible for any assistance from the Marketplace. You should check the Marketplace to learn if your income level would qualify you for premium assistance or for assistance with out-of-pocket costs for Marketplace coverage.

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through the Fund pursuant to a collective bargaining agreement with your employer, your employer is not required to assist you in purchasing Exchange coverage. Moreover, please be advised that although your health coverage through the Fund is excluded from income for the purpose of federal and state taxes, Marketplace coverage must be purchased with after-tax dollars.

*Even if your employer intends this coverage to be affordable, you may 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 (for example, if 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.