

Health Care Reform Template Guideline Summary

SPRC Chairs:

You are receiving a packet of information regarding the Notice about the Health Insurance Marketplace Coverage Options. It was necessary for the mailing to contain all of the legal information about this Notice and what you needed to do. Here are some simplified instructions.

OVERALL INSTRUCTIONS:

You will need to write a letter to all of your employees, full-time and part-time, whether you provide them insurance or not. Every employee is to receive a letter. A sample letter is included in this mailing.

You will need to either make copies of the appropriate “New Health Insurance Marketplace Coverage Options” form or go to the government website and download it. There are two forms. One is for those churches who offer insurance coverage to all or some employees and the other is for churches who do not offer any insurance coverage.

Because it is required that all clergy appointed to full time be provided health insurance, most of you will only need to download or copy for those who offer insurance for all or some employees. Additional copies of the form may downloaded from

<http://dol.gov/ebsa/FLSAwithplans.doc> .

Below are some helpful hints. You will need to make sure the information you use is correct for your church.

Part A contains general information for your staff.

Part B – Page 1 Instructions

Box 3, 4, 5, 6, 7, 8, 9 are to be completed the same way you would complete a W-2.

Box 10 asks **“Who can we contact about health coverage at this job?”** Complete with the name of the appropriate person at your church. If your church does not have someone to contact you may use, Leana Stunes.

Box 11 asks for the phone number of the contact person. (If you use Leana’s name – 605-990-7785)

Box 12 asks for the email of the contact person. (If you are using Leana’s name – leana.stunes@dakotasumc.org)

The next section begins with **“Here is some basic information about health coverage offered by your employer:”** Most of our churches offer health insurance for some employees (at least the clergy person) so put an X in that box. Remember you are the salary-paying unit for your clergy person, who does receive insurance coverage.

The next thing you see is “**Eligible employees are:**” Type in the category that is appropriate for your church. This might be: Full-Time Clergy or Full-Time Employees.

Move down to “**With respect to dependents:**” Here is where you need to consider the particular employee for who you are completing the form.

For clergy and those whose insurance benefit provides dependent coverage, put an X in the box that says “**we do offer coverage.**”, and complete the section “**Eligible dependents are:**” with the appropriate category. For example: Spouse and minor children.

For those employees whose insurance benefits does not provide dependent coverage put an X in the box that says “**We do not offer coverage.**”

The next section says, “**If checked, this coverage meets the minimum value standard...**” If the insurance coverage you provide employees meets the minimum value standard, then put an X in that box. *Coverage provided through the Conference health insurance plan **does** meet the minimum value standard.*

Part B – Page 2 Instructions

Box 13 – For those you do provide insurance coverage – mark “Yes”.

Box 14 – Type in Yes or No in answer to the question. In most cases, this will be “Yes”.

Box 15 – Asks about wellness programs for the employee only (not family).

Box 15a – if your employee does pay for part of the insurance premium put that amount here. If they do not pay any of the premiums, put “\$0.00”. Most employees do not pay a part of the premium for this specific tobacco cessation program.

Box 15b – if your employee does pay for part of the insurance premium for the tobacco cessation program answer how often you ask them to do that.

Box 16- You will need to go through each of the questions and answer in the way appropriate for your church. In most cases, you will probably answer “None”.

The only thing left to do is to print a letter to your employees. (a sample copy is enclosed) and a copy of the completed New Health Insurance Marketplace Coverage Notice for every employee. ***You will need to distribute the letters with the appropriate Notice to everyone who receives a W-2 no later than 14 days after the first pay check.***

Thank you for fulfilling your obligation to communicate with all of your employees about the changes in our nation’s health care coverage.

For further information about ACA, you may want to visit Wespath Benefits and Investments website at http://www.wespath.org/health_welfare/healthcarereform/index.asp . The website for more information from the Federal Government is www.healthcare.gov .

If you have any questions, please feel free to contact Leana Stunes at leana.stunes@dakotasumc.org or 605-990-7785.