September 2013

Solano Napa Counties Electrical Workers Health and Welfare Plan

**REQUIRED NOTICE OF
HEALTH INSURANCE EXCHANGE COVERAGE OPTIONS**
(No Action is Required on your Part)

To: Current & New Employees

PART A: GENERAL INFORMATION

When key sections of the Patient Protection and Affordable Care Act (known as "PPACA" or "the new health care law") take effect as of January 1, 2014, you and your family will have a new option to purchase health insurance through the California Health Insurance Exchange (also known as the Marketplace). This Notice, which is required to be provided to you by the new health care law, provides basic information about the new Exchange. **Note: BECAUSE YOU HAVE COVERAGE WITH THE SOLANO NAPA COUNTIES ELECTRICAL WORKERS HEALTH AND WELFARE PLAN, NO ACTION IS REQUIRED ON YOUR PART (YOU ARE NOT REQUIRED TO OBTAIN COVERAGE THROUGH THE EXCHANGE. IN FACT, IF YOU DO OBTAIN COVERAGE ON YOUR OWN THROUGH THE EXCHANGE YOU MAY LOSE VALUABLE RIGHTS AS EXPLAINED BELOW). THE SOLANO NAPA COUNTIES ELECTRICAL WORKERS HEALTH AND WELFARE PLAN HAS SUFFICIENT BENEFIT LEVELS AND COVERAGE TO MEET THE NEW HEALTH CARE LAW'S MINIMUM COVERAGE REQUIREMENTS. Thus, if you continue health care coverage through the Plan you will not have to take any action concerning the Exchange and you have satisfied the new health care law's requirement (known as the "individual mandate") that you have medical coverage.**

I.   Exchange Information

As a California resident, you and your family will be eligible to buy health coverage through California's Exchange called "Covered California." The Exchange is designed primarily to help individuals that do not have health coverage to find health insurance that meets their needs and fits their budget. The Exchange offers one-stop shopping to find and compare private health insurance options.   Open enrollment through Covered California begins October 2013 for coverage starting as of January 1, 2014.

Depending upon your family income, if you decided to enroll in an Exchange, you could be eligible for a new kind of tax credit under section 36B of the Internal Revenue Code that lowers your monthly premium, but that applies only if you do not have coverage through your employer or the Solano Napa Counties Electrical Workers Health and Welfare Plan ("Plan"), or the Plan does not provide minimum essential coverage (less than 60% of the cost of benefits is covered). **Because the Plan's Trustees believe that the Plan offers affordable health coverage and provides more than the minimum essential coverage, no further action is required on your part (and if you apply for Exchange coverage you will not be eligible for a subsidy). Should you lose coverage under the Plan due to lack of work you will remain eligible to elect coverage through traditional COBRA coverage under the Plan at rates established by the Plan or choose Exchange coverage and if your financial condition meets the subsidy requirements you may at that time be eligible for a subsidy. If that situation arises you will be sent a separate COBRA NOTICE with information about the choice of electing Exchange coverage.**

Note: If you purchase a health plan through the exchange 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 is often excluded from an employee's income for Federal and State income tax purposes. If you choose to get coverage through the Exchange, your payments for such coverage will be made on an after-tax basis. **[If you purchase a health plan through the Exchange with after tax dollars, your employer will remain obligated to remit all required employer contributions based on your work under the collective bargaining agreement].**

II.   For More Information

For more information, you may review the Plan's Summary Plan Description or contact the Trust Fund Office at 925-208-9980.   If you decide to shop for coverage in the Exchange, you may visit **HealthCare.gov** for information on the coverage options and costs, including an online application for health insurance coverage and contact information for a health insurance exchange in your area. For more information about options available through Covered California, you may visit http://www.coveredca.com or call 1-888-975-1142.

PART B: INFORMATION ABOUT SOLANO NAPA COUNTIES ELECTRICAL WORKERS HEALTH & WELFARE PLAN

This section contains information about the Plan's health coverage offered by the Board of Trustees of the Solano Napa Counties Electrical Workers Health and Welfare Plan. **If you complete an application for coverage in the Exchange, you will have to provide this information.** **HealthCare.gov** will guide you through the process. The Plan's information that you will enter when you visit **HealthCare.gov** to find out if you may be eligible for a tax credit to lower your monthly premiums is:

Plan Name:	Solano Napa Counties Electrical Workers Health & Welfare Trust Fund
Employer Identification Number:	94-6085742
Employer Address:	P.O. Box 1306
Employer Phone Number:	925/208-9980
City:	San Ramon
State:	California
ZIP code	94583
Who can I contact about employee health coverage at this job?	Carlene Marra, Fund Manager
Email Address:	Carlene.marra@benesysinc.com

Basic Information about health coverage offered by your employer through the Plan.
✓ **This Plan offers health coverage to All Employees**. This includes: bargaining unit employees and non-bargaining unit employees for whom the employer has signed a subscription agreement.
✓ **This Plan offers health coverage to Eligible Dependents**. This includes: lawful spouse, domestic partner (active participants only), children under age 26, and disabled dependent children.
✓ **This Plan's coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages**.

This document has been uploaded and is available on the participant website at
www.ibew180benefitfunds.org