



Dear Colleague:

Federal law (the “Affordable Care Act”, also known as Health Care Reform), requires the Johns Hopkins Health System Corporation/The Johns Hopkins Hospital (JHHSC/JHH) to give you the following Notice.

PART A: General Information

Under Health Care Reform, starting in 2014 there will be a new way to buy health insurance: through the government run Health Insurance Marketplace. To help you evaluate options for you and your family, this Notice provides some basic information about the new Marketplace and about EHP Medical Plan coverage offered by JHHSC/JHH.

What is the Health Insurance Marketplace?

The government run 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 federal tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October.

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 you are not eligible for coverage under the EHP Medical Plan that is “affordable” as defined by the government. The savings on your premium that you're eligible for depends on your household income.

Does Coverage Under the EHP Medical Plan Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you are eligible for coverage under the EHP Medical Plan, you will not be eligible for a federal tax credit through the government Marketplace if your EHP coverage is “affordable” as defined by the government. In that event, you may wish to elect EHP coverage. If your required

employee contribution for individual coverage under EHP is less than 9.5% of your household income for the year, then your EHP coverage is considered affordable by the government and you are not eligible for a federal tax credit.

You may also be eligible for a tax credit, or a reduction in certain cost-sharing, through the government Marketplace if the EHP Medical Plan should ever cover less than 60% of the total allowed covered benefit costs – this is called the “minimum value standard”. At present, the EHP Medical Plan covers more than 60% of the total allowed covered benefit costs and therefore satisfies the minimum value standard.

Note: If you purchase a health plan through the Marketplace instead of electing EHP Medical Plan coverage, then you will lose the value of the employer “subsidy” for EHP coverage. The “subsidy” is the portion of the cost of EHP coverage that is paid for by JHHSC/JHH. The subsidy, plus your employee contribution if you elect EHP coverage - is non-taxable for Federal and most State income tax purposes. By contrast, 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 EHP Medical Plan coverage, please check your Summary Plan Description or contact Benefits Central Services at 443-997-5400.

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.

PART B: Information about EHP Medical Plan Coverage

This section contains information about EHP Medical Plan coverage offered by JHHSC/JHH. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide some of this information.

Employer: Johns Hopkins Health System Corporation/The Johns Hopkins Hospital
600 North Wolfe Street, Osler 7
Baltimore, MD 21287-1454
Telephone: 443-997-5400
Employer ID#: 52-0591656

To be eligible for EHP Medical Plan coverage, you must be classified by JHHSC/JHH as either a full-time employee who is regularly scheduled to work at least 30 hours per week, a part-time employee who is regularly scheduled to work between 20 and 29 hours per week, or a Weekend Option Nurse.

You may elect EHP Medical Plan coverage for your dependents, who are your legally married spouse, eligible same sex domestic partner and eligible children under age 26. Details on the requirements for dependent eligibility are set forth in your Summary Plan Description.

EHP Medical Plan coverage currently meets the minimum value standard. If you are a full-time employee, the cost to you of EHP coverage is intended to be affordable (as defined by the government), based on your compensation from JHHSC/JHH. If you are a part-time employee, the cost to you of EHP coverage may or may not be affordable, based on your compensation from JHHSC/JHH. Even if your EHP Medical Plan coverage is intended 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 compensation varies from week to week, 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, or call **1-800-318-2596** for more information.