

## JOB AID: EMPLOYER COVERAGE TOOL

Correct completion is essential, as the IRS will use this form to determine liability for financial penalties under the Affordable Care Act (ACA).

**EMPLOYEE INFORMATION** - This section is completed by the employee.



### Employee Information

Fill in for the **employee** who's offered job-based health coverage.

1. Employee name (First, Middle, Last)	2. Employee Social Security Number (SSN)
	<input type="text"/> - <input type="text"/> - <input type="text"/>

3. List the first and last names of each person in the employee's household and tell us if they could get health coverage through the employer named in box 4 below, even if they're not currently enrolled. Only list household members who the employee plans to include on their federal income tax return. You can make a copy of this page if there are more than 5 people in the employee's household.

Name	Eligible for health coverage through this employer?
	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No

**EMPLOYER INFORMATION** – A representative of the University of Illinois completes this section. Enter contact info as shown for ALL universities, colleges, units, etc, within the University of Illinois System.



### EMPLOYER information

Ask the **employer** to enter the information in boxes 4-13.

4. Employer name		
The Board of Trustees of the University of Illinois		
5. Person or department we can contact for information about any coverage offered		
System Human Resource Services		
6. Employer address (the Marketplace may send notices to this address)		
807 S. Wright St., 440 IUB, MC-312		
7. City	8. State	9. ZIP code
Champaign	IL	61820
10. Employer contact phone number	11. Employer contact email address	12. Employer Identification Number (EIN)
(217) 333-2600	SystemHRServices@uillinois.edu	37-6000511

**Health Insurance Eligibility:** THE FIRST THING YOU MUST KNOW IS WHETHER OR NOT THE PERSON IS ELIGIBLE FOR HEALTH INSURANCE under **either** CMS/SEGIP **or** the ACA “gap”) plan!

**Tell us about the health coverage offered by this employer.**

13. Do the plans offered by the employer meet the minimum value standard? A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.

- YES** (Go to question 14.)     **NO** (STOP and return this form to employee.)
- The employer offers plans that meet the minimum value standard to only the employee, but not the employee's family members. (Go to question 14. You don't need to answer question 15.)

14. How much would the employee pay for themselves for the lowest-cost plan that meets the minimum value standard? Don't include family plans.

- a. Employee would pay this premium: \$
- b. Employee would pay this amount:  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

15. **If other household members are listed for question 3:** How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed in question 3? If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

- a. Employee would pay this premium: \$
- b. Employee would pay this amount:  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

**If eligible for ACA plan but not for CMS/SEGIP plan:**

13. NO

**Give form back to employee (ignore everything after Line 13).**

**If eligible for CMS/SEGIP plan:**

13. YES

**14a.** Enter the monthly CMS lowest cost managed care rate from the table below based on the employee's salary. If the employee's appointment is (50 - 99%), then contact UPB (217-265-6363) for a specific calculation.

Employee Annual Salary	Lowest Cost Managed Care Plan Available
\$30,200 or less	\$104.00
\$30,201 - \$45,600	\$123.00
\$45,601 - \$60,700	\$142.00
\$60,701 - \$75,900	\$160.00
\$75,901 - \$100,000	\$179.00
\$100,001 & \$125,000	\$233.00
\$125,001 and above	\$266.00

**14b.** Monthly

*Note: If employee is paid bi-weekly, divide the CMS cost (above) in 14a in half and pick "Every 2 weeks" for 14b.*

**15a.** Enter the monthly CMS lowest cost managed care rate from the table below based on the number of household members listed in question 3. If the employee's appointment is (50 - 99%), then contact UPB (217-265-6363) for a specific calculation.

<b>Number of Dependents</b>	<b>Lowest Cost Managed Care Plan Available</b>
1 Dependent	\$164.00
2+ Dependents	\$200.00
1 Medicare A & B Primary Dependent	\$143.00
2+ Medicare A & B Primary Dependents	\$178.00

**15b.** Monthly

*Note: If employee is paid bi-weekly, divide the CMS cost (above) in 15a in half and pick "Every 2 weeks" for 15b.*

**Give form back to employee.**