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STAFF

Armada W. Grant
Director

Clara D. Scott
Asst. Dir. Emp., Comp. &
Class.

Crystal Nichols
HRIS/Payroll Manager

Marie Armstrong
Benefits Coordinator

John Plaisir
Contractual Emp. Coord.

Karen Drake
EEO/Diversity Officer

Roberta S. Adams
HR Associate

Yolanda Elliott
HR Assistant

Shenelia Moore-Lacks
HR Assistant

Barbara Watkins
HR Assistant

Nellie Washington
HR Assistant

Toni Gee
HR Assistant

Shirell D. Bryan
Payroll Supervisor

Joetta Randall
Payroll Clerk

Lavon Wright
Payroll Clerk

Adrian Lucas
Payroll Clerk

IMPLEMENTATION OF THE AFFORDABLE CARE ACT

On March 23, 2010, President Barack Obama signed into law a sweeping reform of the national healthcare system, the Patient Protection and Affordable Care Act (referred to as the PPACA, ACA or Obamacare). Effective January 1, 2014, the most substantial elements of this federal health reform legislation will be implemented. These requirements are commonly known as the ACA's "pay or play" rules and it has implications for both our employees and student health plans.

Maryland will have its own State-operated health exchange that will begin October 1, 2013 with an effective date of January 1, 2014. The exchange will provide healthcare options to the un-insured, offer the same rates regardless of pre-existing conditions and reduce the overall cost of health care. Implementation in compliance with the law poses some challenges that will require attention throughout the current year.

Employee/Student Eligibility and Coverage

Under the ACA, full-time employment is defined as 30-hours of actual work per week. Full-time faculty are defined as those who teach a minimum of 75 percent of a 12 credit-course load. Individuals who do not have employer or other acceptable health insurance must either acquire coverage through a health exchange or pay a penalty.

Employee Coverage: Initially as of January 1, 2014, the ACA generally required each organization with over 50 employees to offer health insurance that meets new federal standards for the affordability and extend coverage to all employees considered as full-time. Employers who fail to offer workers health insurance will pay fines of \$2,000 for every full-time employee who receives a government subsidy for purchasing coverage through an exchange, excluding the first 30 employees. The ACA makes no distinction between contractual and regular employees, and current Maryland regulations do not permit contractual employees to participate in the state group health benefits system. Currently, contractual employees pay full cost (employee's and state subsidized portion) for health insurance benefits. Also ACA will require coverage for both the employee and dependent children. In July of 2013, the federal government delayed the requirement of employees.

State Health Benefits Program: Discussions are being held with the State of Maryland's Department of Budget and Management regarding the incorporation of ACA requirements for higher education into the current system of health benefits plan. The ACA provides exceptions for many temporary, seasonal and variable hour employees. However, the employee's full-time eligibility status is to be averaged across a three to 12-month period determined by the employer. Higher education institutions are under a special standard that will not allow breaks in the academic year to be considered in this calculation for health insurance benefits.

Student coverage: The ACA imposes no requirement to provide health insurance for students. *However, all students must have health insurance and the burden is on the student to prove to the institution that they have medical coverage in compliance with ACA.*

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All registered full-time undergraduate students taking 12 or more credit hours and J-1 VISA holders (Exchange students, scholars, and visitors) are automatically billed and enrolled each semester in the student insurance plan upon registration. Full-time undergraduate students who have comparable health insurance may decline the University's Student Health Insurance Plan (SHIP), which is ACA compliant, using the "Waiver Process."

Voluntary Insurance Enrollment: Part-time undergraduate and graduate students pursuing at least 6 credits per semester (fewer credits are permitted for graduate students completing their thesis) may enroll and pay online at www.morganstatestudentinsurance.com during the enrollment/waiver periods noted above. If paying online is not an option, enrolments may be made using the Bursar Payment Form available from the "Forms" section.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. For employees of the State of Maryland coverage is provided under the State of Maryland's State Employee and Retiree Health and Welfare Benefits Program (the Program).

What is the Health Insurance Marketplace?

The 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 credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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 your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

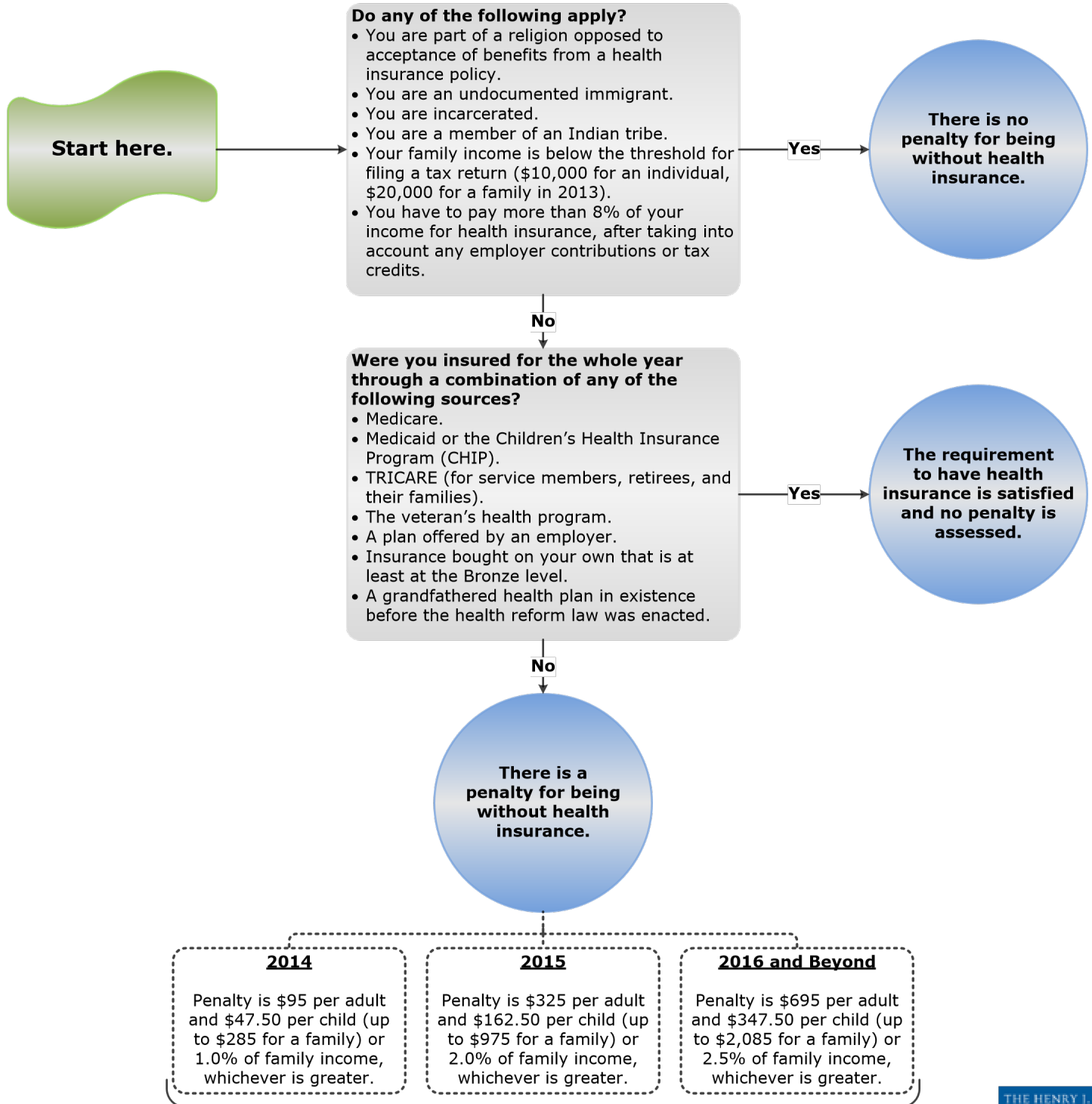
Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provided does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Even if your employer intends your coverage 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 wages vary from week to week (perhaps 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.

If you purchased a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer's contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is excluded from income for Federal and State income tax purposes.

Beginning in 2014



Income is defined as total income in excess of the filing threshold (\$10,000 for an individual and \$20,000 for a family in 2013). The penalty is pro-rated by the number of months without coverage, though there is no penalty for a single gap in coverage of less than 3 months in a year. The penalty cannot be greater than the national average premium for Bronze coverage in

HEALTH BENEFITS OPEN ENROLLMENT
State of Maryland-Department of Budget and Management
October 1-16 and October 22-31, 2013

Open Enrollment for the plan year 2014 is scheduled to start October 1 through October 16, 2013. The Interactive Voice Response (IVR) will close down from October 17 through October 21 and then reopen October 22 through October 31 for corrections and for those who were unable to enroll during the initial period.

For those employees who added eligible family members during the April-May, 2013 open enrollment, please provide the appropriate documentation to ensure continued coverage for your loved ones. Submit the tax dependent affidavit and either a copy of the birth certificate for children and/or the official marriage certificate for your spouse.

Premium Rates

The premium rates for **2013-2014** are included in your packet or may be viewed at:

<http://dbm.maryland.gov>

If you are not making any changes to your current benefits, your benefits will automatically rollover into the New Year with an effective date of January 1, 2014, with the exception of flexible spending accounts. **You must re-enroll in the flexible spending accounts each year.**

Who is Eligible?

- ✦ Legal Spouse
- ✦ Dependent child(ren) up to age 26

What Health Benefits are Available?

- ✦ Medical-8 Plan Choices: 2 PPO's, 3 POS's and 3 EPO's:
(CareFirst BCBS, Aetna and United HealthCare)
- ✦ Prescription Drug Plan **Express Scripts**
- ✦ Vision Care Plan combined with your Medical Plan
- ✦ United Concordia Dental Plans-DHMO and DPPO
- ✦ Minnesota Life Term Insurance and Personal Accident & Dismemberment Insurance
- ✦ Prudential Long Term Care Insurance-you must enroll directly with the company
- ✦ Flexible Spending Accounts

Major Changes for PPO & POS Plans:

Coinsurance Levels are changing for all PPO and POS plans. In-Network coinsurance is changing from 100% to 90%. Out-of-Network coinsurance is changing from 80% to 70% of allowed benefit. Please refer to your Benefits Guide for more details on this change. Coinsurance for the EPO plans remains at 100% In-Network.

Out-of-Pocket Maximum is changing under the PPO and POS plans for In-Network services only. Previously, these plans did not have an out-of-pocket maximum. For the new plan year a \$1,000 per individual / \$2,000 per family maximum has been added for in-network services. Out-of-pocket maximums for out-of-network services under the PPO and POS plans are not changing.

Employee Re-Enrollment Requirements

Employees must re-enroll for flexible spending accounts to continue participation in the *health* and/or *dependent care accounts*. The yearly maximum for health care accounts decreased to \$2500 a year, while the yearly maximum for dependent care is \$5,000 for the full year and \$2,500 for half year.

All open enrollment packets for regular employees were sent to the employee's home address. *Contractual employees with health benefits* will receive direct pay packets at their home address.

Regular employees who receive a pre-printed form, must access the IVR telephone system to make benefit changes. The telephone number is 410-669-3893 or 1-888-578-6434. The TTY/TDD number is 410-333-5244. To access information, regular employees need a Personal Identification Number (PIN). The PIN is the employee's month and day of birth (e.g. If an employee's birth date is April 12th, the PIN is "0412").

A supply of enrollment forms for employees who did not receive an open enrollment packet will be available in the Office of Human Resources. Forms may also be obtained online, via the following website: www.dbm.maryland.gov. Click on "Health Benefits", then "Forms."

Any questions, please contact the Benefits Coordinator, Marie Armstrong, at 443-885-4413 or HR Assistant, Shenelia Moore-Lacks at 443-885-4106.

A SAFE WORKPLACE FOR ALL

Diversity and Equal Employment Opportunity

The Diversity and EEO Office is located in 103 Truth Hall and may be reached by phone at [443-885-3559](tel:443-885-3559).

The Diversity and EEO Office is charged with promoting diversity and inclusion campus wide, diversity related training and with addressing Title VII, Title IX and ADA complaints. Complaints related to the following issues should be referred to the Diversity and EEO Office: sexual harassment, race, age, religion, sexual orientation, national origin and disabilities.

Sexual Harassment prevention training is mandatory for all employees. If you have not yet attended, our next in person program will be held September 27th at 9:30. Please e-mail temar8@morgan.edu to register.

In the spring of 2013, a new LGBT committee, endorsed by the President was formed. This committee with significant campus-wide representation will begin to address issues specifically related to the LGBT community at Morgan.

The University has an approved Diversity Plan which includes addressing issues of campus climate and inclusion. Within the next year, the intention is to systematically gather more data on diversity issues across campus. Stay tuned as to what your role will be in this effort.

The Office of Human Resources has scheduled informational meetings regarding the **Affordable Care Act and Open Enrollment** as follows:

- Wednesday, September 25, 2013 – University Student Center Room 212B from 11:00 am – 12:30 pm
- Friday, September 27, 2013 – University Student Center Room 212B from 11:00 am – 12:30 pm
- Monday, September 30, 2013 – University Student Center Room 212B from 11:00 am – 12:30 pm

Retirement/Service Awards Program

The University will hold its 7th Retirement and Service Awards Program again this year. The program is scheduled for Thursday, September 26, 2013 from 11 a.m. to 1:00 p.m. in the Calvin and Tina Tyler Ballroom in the University Center. Please mark your calendar and hold Thursday, September 26, 2013 as a time to commemorate a number of the University's dedicated honorees and remarkable retirees.

Health Insurance Marketplace Information

Specific plan information available in October 2013

Starting October 1, 2013, you'll be able to get information about all the plans available in your area in the Marketplace. Visit HealthCare.gov, or call 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

Things to Think About When Choosing a Health Plan

Starting October 1, 2013, the Health Insurance Marketplace will offer different types of health plans to meet a variety of needs and budgets. You'll get a clear picture of what premiums you'd pay and what benefits and protections you'd get before you enroll. Compare plans based on what's important to you, and choose the combination of price and coverage that fits your needs and budget.

As you shop for a plan, here are some things you should know:

All plans in the Marketplace offer the same set of essential health benefits

These are many of the benefits that people need when getting care. They cover things like doctor's visits, prescriptions, hospitalizations, pregnancy, and more.

Plans can offer other benefits, like vision, dental or medical management programs for a specific disease or condition. However, specific benefits may be different in each state. Even within the same state, there can be small differences between plans. As you compare plans, you'll see what benefits each plan covers. This will be helpful if you have specific health care needs.

Plans are put into 4 categories

When you compare plans in the Marketplace, they're put into 4 categories based on how you and the plan can expect to share the costs for health care:

1. Bronze
2. Silver
3. Gold
4. Platinum

The category you choose affects how much your premium costs each month and what portion of the bill you pay for things like hospital visits or prescriptions. It also affects your total out-of-pocket costs – the total amount you'll spend for the year if you need lots of care. The categories don't reflect the quality or amount of care the plans provide.

Balancing monthly premiums with out-of-pocket costs

As with all health plans, you'll have to pay a monthly premium. But it's also important to know how much you have to pay out-of-pocket for services when you get care.

- Premiums are usually higher for plans that pay more of your out-of-pocket medical costs when you get care. For example, if you have a Gold plan, you'll likely pay a higher premium, but may have lower costs when you go to the doctor or use another medical service.
- With a Bronze plan, you'll likely pay a lower premium, but pay a higher share of the costs when you get care.
- Platinum plans will likely have the highest monthly premiums and lowest out-of-pocket costs. The plan will pay more of the costs if you need a lot of medical care.

In general, when choosing your health plan keep this in mind: The lower the premium, the higher the out-of-pocket costs. The higher the premium, the lower the out-of-pocket costs.

Do you expect a lot of doctor visits or need regular prescriptions?

If you do, you may want a Gold or Platinum plan. They likely have higher premiums, but you could pay lower out-of-pocket costs for each visit, prescription, or other medical service. If you don't, you may prefer a Bronze or Silver plan. Your monthly premiums will likely be lower, but you'll likely pay more of the cost

when you see a doctor.

Medicare and You

The Health Insurance Marketplace, a key part of the Affordable Care Act, will take effect in 2014. It's a new way for individuals, families, and employees of small businesses to get health coverage.

If I have Medicare, do I need to do anything?

No. Medicare isn't part of the Marketplace, so you don't need to do anything. If you have Medicare, you're considered covered.

The Marketplace won't affect your Medicare choices, and your benefits won't change. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO), you'll still have the same benefits and security you have now. You won't have to make any changes.

Note: The Marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies or Part D drug plans.

Can I get a Marketplace plan in addition to Medicare?

No. It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan. This is true even if you have only Medicare Part A or only Part B.

If you want coverage designed to supplement Medicare, you can visit Medicare.gov to learn more about Medigap policies. You can also visit Medicare.gov to learn more about other Medicare options, like Medicare Advantage Plans.

Can I choose Marketplace coverage instead of Medicare?

Generally, no. As noted above, it's against the law for someone who knows you have Medicare to sell you a Marketplace plan.

But, you can choose Marketplace coverage if you're eligible for Medicare but haven't enrolled in it (because you would have to pay a premium, or because you're not collecting Social Security benefits).

Before making this choice, there are 2 important points to consider:

1. If you enroll in Medicare after your initial enrollment period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.
2. Generally, you can enroll in Medicare only during the Medicare general enrollment period (from January 1-March 31). Your coverage won't begin until July of that year.

What if I become eligible for Medicare after I join a Marketplace plan?

You can get a Marketplace plan to cover you before your Medicare begins. You can then cancel the Marketplace plan once your Medicare coverage starts.

Once you're eligible for Medicare, you'll have an initial enrollment period to sign up. For most people, the initial enrollment period for Medicare starts 3 months before their 65th birthday and ends 3 months after their 65th birthday.

In most cases it's to your advantage to sign up when you're first eligible because:

- Once you're eligible for Medicare, you won't be able to get lower costs for a Marketplace plan based on your income.
- If you enroll in Medicare after your initial enrollment period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.

Will Medicare Advantage plans still be available after the Marketplace starts?

Yes. The Medicare Advantage program isn't changing as a result of the health care law.



Where can I get more information?

To learn more about Medicare enrollment, coverage, and plan choices, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have family and friends who don't have health insurance, or if they want to explore new health plan options, tell them to visit HealthCare.gov.

Protect Yourself from Fraud

Your best protection against fraud is being informed! Starting October 1, 2013, you can apply for health insurance through the Health Insurance Marketplace, on **HealthCare.gov**. Here are a few things to help you protect yourself while getting you the coverage you need.

Be informed.

- Visit **HealthCare.gov**, the official Marketplace website, to learn the basics.
- Compare insurance plans carefully before making your decision.
- Look for official government seals, logos, and navigator and assister certifications.
- Know the Marketplace Open Enrollment dates — October 1, 2013 through March 31, 2014. No one can enroll you in a health plan in the Marketplace until Open Enrollment begins or after it ends unless you have **special circumstances**.
- Know that Navigators and certified application counselors should not ask you for money to enroll in a health plan in the Marketplace. Consumers should be suspicious of anyone who charges them a fee in connection with enrollment.
- Know that if you have Medicare, it's against the law for someone to sell you a Marketplace plan.

Protect your personal information.

- No one should ask for your personal health information.
- Keep personal and account numbers private. Don't give your Social Security number or credit card or banking information to companies you didn't contact or in response to unsolicited advertisements. **Note:** If you get help from a Marketplace assister, they may need certain personal information like your Social Security number to help you enroll.
- Never give your personal information to someone who calls or comes to your home without your permission, even if they say they are from the Marketplace.

Ask questions and verify the answers you get.

- The Marketplace has trained assisters in every state to help you at no cost. Visit **HealthCare.gov** or call **1-800-318-2596** to find local help in your area. TTY users should call **1-855-889-4325**.
- Ask questions if any information is unclear or confusing.
- Write down and keep a record of a salesperson's name or anyone who may assist you, who he or she works for, phone number, street address, mailing address, email address, and website.
- Don't sign anything you don't fully understand.

Report Anything Suspicious

- If you suspect fraud, report it! Call the Health Insurance Marketplace consumer call center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. Or contact local, state, or federal law enforcement agencies or your state department of insurance. If you suspect identity theft, or feel like you gave your personal information to someone you shouldn't have, call your local police department and the Federal Trade Commission's ID Theft Hotline at **1-877-438-4338**. TTY users should call **1-866-653-4261**. Visit ftc.gov/idtheft to learn more about identity theft.