

New 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.

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 tax 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 provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace 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 - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

Please check your summary plan description or consult the company contact on the next page.

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.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer Name		2. Employer Identification Number (EIN)	
3. Employer Address		4. Employer Phone Number	
5. City	6. State	7. Zip Code	
8. Who can we contact about employee health coverage at this job?			
9. Phone number (if different from above)		10. Email Address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
Some employees. Eligible employees are:

Staff as defined in our plan summary available from the contact above or attached to this notice.

Freelance personnel may be entitled to coverage under the following, checked off, plans:

- Directors Guild of America National Commercials Agreement—DGA-Producer Health Plan: <http://www.dgaplans.org/>
- IATSE Commercial Production Agreement and North East Corridor Appendix – IATSE National Health and Welfare Fund: <https://www.iatsenbf.org/participant> and Motion Picture Health Plan: <http://www.mpiphp.org/index.aspx>. In addition to the foregoing funds, the IATSE Commercial Production Agreement also requires contributions to the following individual local union jointly administered health and welfare funds:
- (i) Local 764 New York – Welfare Fund of Wardrobe Local 764: <http://www.ia764.com>
 - (ii) Local 476, Chicago – Studio Mechanics Local 476 Health and Welfare Fund
 - (iii) Local 784 Wardrobe, San Francisco – Entertainment Industry Flex Plan: <https://www.flexplan.com>
 - (iv) Local 720 Las Vegas, Nevada – IATSE National Health and Welfare Fund
 - (v) Local 665 Hawaii – Local 665 Health and Welfare Trust Fund.
- IATSE Local 829 United Scenic Artists (IATSE National Health and Welfare Fund)
- IATSE Local 476 Chicago Midwest Agreement – Studio Mechanics Local 476 Health and Welfare Fund.
- Teamsters Local 817 – Theatrical Teamsters 817 Welfare Fund: <http://www.teamsterfunds.com/> (drivers) or <http://www.mpiphp.org/index.aspx> (Location Scouts/Managers)
- Teamsters Local 399 – Motion Picture Health Plan: <http://www.mpiphp.org/index.aspx>
- Local 52 Studio Mechanics Agreement – Motion Picture Health Plan or IATSE National Health and Welfare Fund: <http://www.mpiphp.org/index.aspx> or <https://www.iatsenbf.org/participant>
- SAG-AFTRA - Screen Actors Guild – Screen Actors Guild – Producer Health Plan: <http://www.sagph.org/> or AFTRA Health Plan: <http://www.aftrahr.com/Home.aspx>

- With respect to dependents:
We do offer coverage. Eligible dependents are:

Per the rules of the plans as indicated above.

PART B: Information About Health Coverage Offered by Your Employer (cont'd)

If checked, our internal staff plan coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** 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 decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

A Note About The Collectively Bargained Jointly Administered Health And Welfare Funds Under Union Agreements

As a participant in the jointly administered, collectively bargained funds, you may request information about the fund regarding, for example: eligibility rules, minimum earning requirements, eligible dependents definition, whether the jointly administered Fund meets the ACA minimum value and affordability standards, the current premium required for participant only coverage, and the identity of the contact person for coverage questions at the Fund.

You may request a copy of the Fund's summary plan description and may also be able to access their summary plan description and the Affordable Care Act information just mentioned on the Fund's website or by contacting the Fund. The Fund may have also arranged to have the Affordable Care Act information printed in the newsletters of the sponsoring labor organization.

The jointly administered Funds are governed by a Board of Trustees, or Directors, who are representatives, of the particular labor organization and the employers who are parties to the applicable collective bargaining agreement. The Board of Trustees, or Directors, are fiduciaries in relation to the Fund and are vested with the authority to administer the Fund. The Board of Trustees, or Directors determines the Fund eligibility rules and the costs of coverage. The Employer is a contract signatory to a collective bargaining agreement with the particular labor organization and a contributor to the Fund.