



MONTANA UNIVERSITY SYSTEM
OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION
Montana University System Benefits Office

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ANNUAL ACA MARKETPLACE REQUIRED NOTIFICATION

OCTOBER 1, 2023

Dear Montana University System Enrollee:

The Patient Protection and Affordable Care Act (ACA), requires employers to provide certain notification to employees regarding the Health Insurance Marketplace (Marketplace).

It also requires employers to provide notice of the premium assistance subsidy under Medicaid and the Children’s Health Insurance Program (CHIP), known as the Healthy Montana Kids Plan (HMK) in Montana.

This letter, which serves as the required notification of disclosure, is being sent to you prior to November 1, 2022, which is when the open enrollment period for the Marketplace commences. Marketplace enrollment begins on November 1, 2023 and ends on December 15, 2023.

Enclosed with this letter are two federal notices on the above disclosures.

There are two important things for employees to note with these notices:

You are receiving these notices because you have an employment relationship, or are a retiree, with the Montana University System (MUS). This is irrespective of your eligibility to receive benefits under the MUS Benefits Plan.

The individual mandate for health insurance coverage has been in effect since January 1, 2014.

MUS Benefits Plan Coverage and the Marketplace

If you are eligible to receive coverage as an active employee under the MUS Benefits Plan, you receive a contribution from the employer toward the cost of coverage for yourself and any eligible dependents. Currently state law sets this amount at \$1,054 per month. Retirees do not receive an employer contribution. The employer contribution for some affiliated entities eligible for the MUS Benefits Plan may be different.

The MUS Benefits Plan meets the federal requirements for “minimum value” and “affordability” under the Employer Shared Responsibility provisions of the ACA.

ANNUAL ACA MARKETPLACE REQUIRED NOTIFICATION (cont'd)

Since the MUS Benefits Plan meets these requirements, employees who choose to waive the employer coverage will not be able to receive the monthly employer contribution nor be eligible to receive subsidized coverage from the Marketplace. Employees considering waiving benefits and accessing Marketplace coverage may wish to consider the fiscal impacts carefully.

Employer CHIP notice

Two special HIPAA (Health Insurance Portability and Accountability Act) enrollment rights will allow employees or dependents experiencing one of two events to notify the MUS Benefits Plan and enroll in group coverage midyear. Employees or dependents have 60 days from the date of the event to notify the MUS Benefits Plan and enroll in group coverage. Events are: (1) the employee or dependents lose eligibility under Medicaid or CHIP/HMK; or (2) the employee or dependents become eligible for a state premium assistance subsidy from Medicaid or CHIP/HMK that would help them pay the group health plan premiums.

The employee or dependent must request coverage in the MUS Benefits Plan within 60 days of being determined eligible for premium assistance.

Consult the enclosure captioned "Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)" for detailed information about this notice.