

Get ready to apply for or re-enroll in your Health Insurance Marketplace coverage



You can apply for or re-enroll in your Marketplace coverage by visiting **HealthCare.gov** or by calling the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

To help make the application process quicker and easier, gather these things before you start your application. You won't need all of these if you're applying for coverage without savings.

What do I need?

Why do I need this?

Have it ready!

Your information

Your Marketplace application will ask you for some basic information, including your name and date of birth.



Information about your household

Your Marketplace application will ask you about each person in your household, even those not applying for coverage.

For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes the Marketplace includes people you live with who aren't in your tax household.

You should include yourself on your application. Here's a basic list of the other people you should generally include, if these people are in your household:

- Your spouse
- Your children who live with you, even if they make enough money to file a tax return themselves
- Anyone you include on your tax return as a dependent, even if they don't live with you
- Anyone else under 21 who you take care of and who lives with you
- Your unmarried partner, only if one or both of these apply:
 - * They're your dependent for tax purposes
 - * They're the parent of your child

If you need more information, visit [HealthCare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size), or call the Marketplace Call Center.



What do I need?

Why do I need this?

Have it ready!

Home and/or mailing addresses for everyone applying for coverage	Where you live can affect what health coverage you're eligible for. You'll enter your home address to show if you're a resident of the state where you're seeking coverage. You'll select your state at the beginning of the application. You'll be asked for your mailing address. Often, this will be the same as your home address. If it's not, provide a mailing address in the state you live in, if you can. If anyone on your application has a different home and/or mailing address, you'll need to have it also.	☐
Information about everyone applying for coverage	Your Marketplace application will ask you to enter some basic information about everyone applying for coverage, including their relationship to you.	☐
Social Security Numbers (SSNs) for everyone on your application	Your Marketplace application will ask you to enter each person's 9-digit SSN, even those not applying for coverage. The Marketplace will verify the SSNs with Social Security, based on the consent you'll give at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time. This information will only be used for eligibility for health coverage.	☐
Information about the professional helping you apply , if any	If a professional is helping you complete your application, you'll need to enter their information. These professionals include: navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	☐
Immigration document information (this only applies to lawfully present immigrants)	If you or anyone else on your application is a lawfully present immigrant, you'll be asked to provide information from your immigration documents.	☐
Information on how you'll file your taxes	If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	☐
Employer & income information for everyone in your household	Your Marketplace application may ask you about the income, expenses, and deductions of everyone in your household, even those not applying for coverage. The Marketplace accounts for income sources, including: • Wages and salaries, as reported on your W-2 form and pay stubs • Tips • Net income from any self-employment or business • Unemployment compensation • Social Security payments, including disability payments (but not Supplemental Security Income (SSI)) • Alimony • Retirement or pension income, including most IRA or 401k withdrawals • Investment income, like dividends or interest • Rental income • Other taxable income For more information on income or what income sources to include, visit HealthCare.gov/income-and-household-information/income.	☐

What do I need?

Why do I need this?

Have it ready!

Your best estimate of your household income	Your Marketplace application may ask you to estimate what your household's income will be in the year you'll be covered. If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit HealthCare.gov/reporting-changes/why-report-changes. To help you make a ballpark estimate of your household income, visit HealthCare.gov/income-and-household-information/how-to-report.	
Health coverage information (this only applies if anyone in your household currently has a health plan)	Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, or coverage through individual insurance (including Marketplace coverage) or an employer. If anyone has coverage now, gather their policy numbers. You can find this information on their insurance card or documents they get from their plan.	
Employer information for each person in your household	Your Marketplace application will ask you to enter information about offers of health coverage you may have through your job or through a family member's job. It will also ask you to enter employer contact information for each person in your household who has a job.	
A completed "Employer Coverage Tool" (this is optional and only applies if anyone in your household has or is eligible for coverage through their employer)	You should fill out an "Employer Coverage Tool" for each member of your family who's eligible for a job-based plan, even if that person isn't enrolled in the job based plan or isn't applying for Marketplace coverage. You can get this information from your employer. This optional tool helps you gather information you may need for your application in one spot. To get a copy of this form, visit HealthCare.gov/downloads/employer-coverage-tool.pdf. Your employer can help you fill this out.	

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

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Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

BENEFITS & WELLNESS, BUTLER UNIVERSITY 4600 SUNSET AVE JORDAN HALL 055 INDIANAPOLIS IN 46208

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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 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.

3. Employer name BUTLER UNIVERSITY		4. Employer Identification Number (EIN) 35-0867977	
5. Employer address 4600 SUNSET AVE		6. Employer phone number 317-940-4108	
7. City INDIANAPOLIS	8. State IN	9. ZIP code 46208	
10. Who can we contact about employee health coverage at this job? JENNIFER BARKLEY WITH BENEFITS & WELLNESS			
11. Phone number (if different from above)		12. Email address benefits@butler.edu	

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

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

☒ Some employees. Eligible employees are:

- With respect to dependents:
☒ We do offer coverage. Eligible dependents are:
☐ We do not offer coverage.

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

Eligible dependents are: the Subscriber's legal spouse, the Subscriber's or the Subscriber's spouse's children, and children for whom the Subscriber or the Subscriber's spouse is a legal guardian or as otherwise required by law.

✱✱ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount. To be eligible to enroll as a Subscriber, an individual must be an employee of the Employer who is entitled to participate in the benefit plan arranged by the Employer, who has satisfied any probationary or waiting period established by the employer who is actively at work and meets the Plan's eligibility criteria. 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ **Yes** (Continue)

☐ 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

14. Does the employer offer a health plan that meets the minimum value standard*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 726.65

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new

☐ plan year? _____ Employer won't offer

☐ health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)