



# Employer Sponsored Benefits Changes & Options

## How ACA will impact benefit plans & trends

Laurie Simpson, PHR  
Member Relations Manager  
NTCA – The Rural Broadband Association  
October 17, 2013

# Kroger health insurance end for spouses may be model for future

Contract cuts health care for Indiana workers' spouses

Sep. 8, 2013 | 38 Comments

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Kroger's headquarters in downtown Cincinnati. / Glenn Hartong / The Enquirer

Written by  
Dan Horn  
Cincinnati.com

**CINCINNATI** — Cincinnati-based grocer Kroger has become the latest major employer to cut [health](#) care coverage for workers' spouses, negotiating an Indiana contract that could become a

IT PUTS KROGER AT THE LEADING EDGE OF A GROWING MOVEMENT TO RESTRICT OR ELIMINATE SPOUSAL COVERAGE.

EXPERTS SAY TWO FORCES ARE DRIVING THE CHANGE ON SPOUSAL BENEFITS: THE CONTINUING INCREASE IN [HEALTH CARE](#) COSTS AND THE IMPLEMENTATION OF PRESIDENT BARACK OBAMA'S [AFFORDABLE CARE ACT](#).

“AS COSTS GO UP, YOU’RE GOING TO COVER LESS BENEFITS OR LESS PEOPLE,”

“IT COMES DOWN TO MATH.”



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## UPS ending health coverage for some spouses

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By Alex Nussbaum and Mary Jane Credeur  
August 22, 2013

(Bloomberg) — United Parcel Service Inc.'s decision to drop health benefits for 15,000 of its workers' spouses may be a sign of the future, as U.S. businesses grapple with rising medical bills and the added burdens of the Affordable Care Act.

The nation's fourth-largest employer said yesterday that beginning Jan. 1 it will no longer offer health coverage to spouses who can get it through another company. UPS cited the ACA as part of its impetus, saying it would increase costs and provide other insurance options for spouses.

The shift is a sign of corporate America's increasing willingness to make deep changes to benefits once taken as a given by U.S. workers. The health care overhaul, estimated to boost expenses for businesses by 2% to 4% next year, is adding to the momentum that already spurred higher deductibles and surcharges for covering dependents.

# Chicago Tribune

## BUSINESS

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## Walgreen shifts approach to worker health coverage

### Corporate exchanges aim to rein in employers' costs

September 18, 2013 | By Peter Frost, Chicago Tribune reporter

While much of America focuses its attention on the impending rollout of President Barack Obama's signature health care law, another change is quietly afoot that promises to transform the way employers provide health insurance to workers.

Large companies are increasingly adopting a new strategy to cap the amount they'll pay each year for workers' coverage, while at the same time offering employees more options for their health insurance.



Customers exit a Walgreens store in San Francisco last year. Walg..

Topics

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## After employer mandate delay, is bump to 40 hours next?

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By Tristan Lejeune  
July 16, 2013

A week ago today, the IRS issued guidance (Notice 2013-45) on the one-year delay of the Affordable Care Act's employer mandate, announced in a U.S. government blog earlier in the month. First and foremost, the guidance made the **delay** official ("A blog entry on a Treasury Department website is not exactly the type of reliance that one would ordinarily want," as one expert put it), but more, it defines with its presence, legal sources tell *EBN*, all the negative space that the delay *doesn't* change, and, in many cases, leaves unclear.

"It made it very clear that the transition relief for the extension only applies for purposes on these reporting forms and has no effect on anything else," says Paul Hamburger with Proskauer. "At this point it is only the application of the fees for the mandate, and the reporting of the information on those forms."

Employees can still ditch employer-sponsored health care for offerings at public exchanges, and those exchanges can still reach out to employers for batches of information; "sampling, they call it," Hamburger says. But the delay is a huge deal for employers still setting up their verification and reporting methods. Hamburger says it's "a vast oversimplification and mischaracterization of the issue" to imagine that, with the vast majority of eligible employees already covered, this is largely a cosmetic change.



# Health Care Reform Timeline



# Timeline: Enacted

2010

- Enacted March 23, 2010
- Early Retiree Reinsurance Program (ERRP)
- Federal matching funds for state Medicaid expansion

2011

- Coverage adult child to age 26
- Annual / lifetime limit restrictions
- Preventive care mandates
- No pre-x limit under age 19
- External review
- No retroactive rescission

2012

- W-2 reporting coverage cost [employers with 250+ Forms W-2]
- Medical loss ratio requirements for insured plans
- SBC notices

2013

- Flex Plan limit reduced to \$2,500
- Increase Medicare HI tax on high income earners
- PCORI fee on health insurance
- Excise tax on medical device manufacturers
- **Exchange notices to employees**

# Employee Notification of Exchange Example

## 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.<sup>1</sup>

**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?

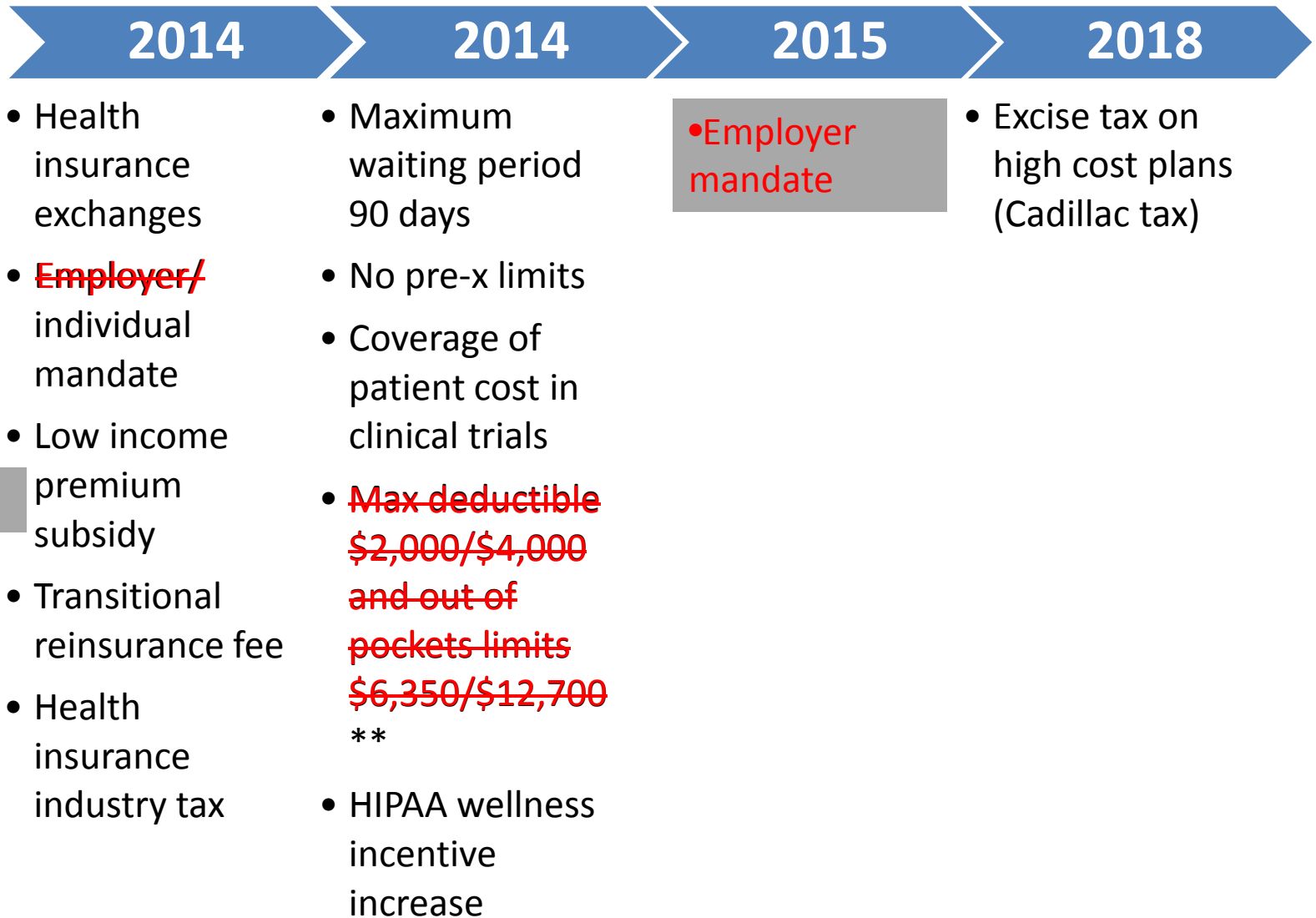
For more information about your coverage offered by your employer, please check your summary plan description or contact NTCA Benefits Resources at 828-281-9000 or by e-mail at [ghp@ntca.org](mailto:ghp@ntca.org).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.





# Timeline: What's Next



Honor System

\*\* Deductible limit n/a to self funded plans

# State Health Insurance Exchanges



# Health Insurance Exchanges

**2014:** State exchanges allow individuals and small employers to choose from a menu of insurance plans

- Exchange plans must offer “essential health benefits”
- Federal subsidies will be available to help low income individuals and families buy coverage

**2017:** States may allow large employers to buy through Exchanges



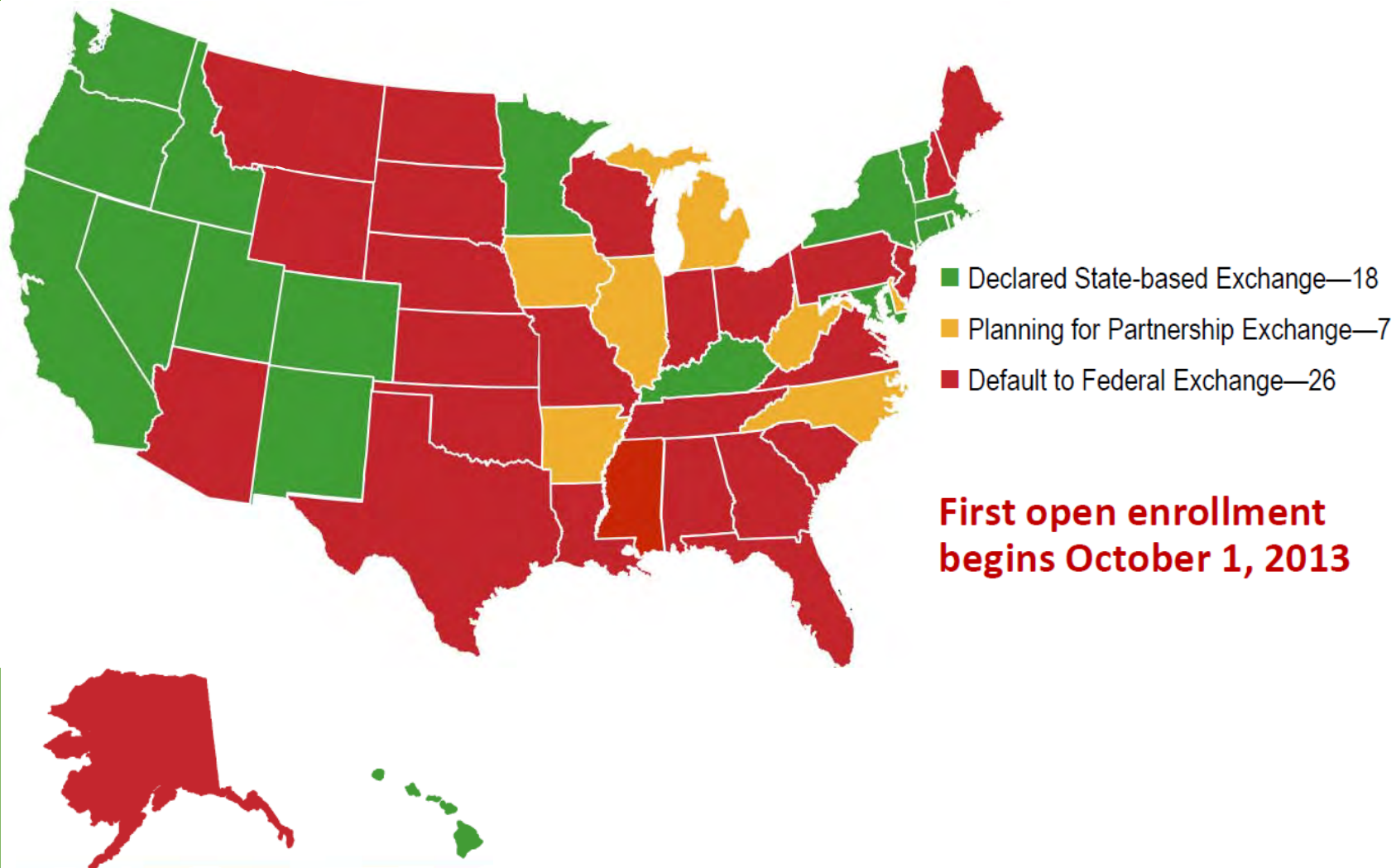
# State Exchange Core Functions

- **Consumer Assistance:** Navigator program; online plan comparison tools; toll-free information line
- **Plan Management:** Certify qualified health plans; oversight of plans
- **Eligibility:**
  - Verify eligibility, including premium tax subsidies; connect applicants to Medicaid and CHIP if eligible
  - Use data services hub to connect to federal data sources (IRS, Social Security, Homeland Security)
- **Enrollment:** Facilitate enrollment in qualified health plans
- **Financial Management:** Process premiums; ensure stabilization of premiums through reinsurance and risk adjustment

# Exchange Options

- **State Exchange:** State establishes and runs the Exchange
- **Federally Facilitated Exchange (FFE):** Federal government runs the state exchange
- **Partnership Exchange:** A form of FFE, with division of eligibility, enrollment, plan management, consumer assistance, and financial management functions between state and federal governments
- **Private Exchange:** Insurance marketplace similar to public exchanges – no federal subsidies

# 2014: Health Insurance Exchanges



Data Source: Kaiser Family statehealthfacts.org



# State Exchange Benefit Levels

**Platinum:** 90% of the full actuarial value

**Gold:** 80% of the full actuarial value

**Silver:** 70% of the full actuarial value (basis for subsidy)

**Bronze:** 60% of the full actuarial value

**Young Invincible:** (catastrophic plan individuals under 30)

# Cover Texas Now



quality, affordable health insurance....sustainable health care system

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[Resources](#)

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## Our Member Organizations

[ADAPT of Texas](#)

[Alamo Breast Cancer Foundation](#)

[Center for Public Policy Priorities](#)

[Children's Defense Fund – Texas](#)

[Consumers Union – Southwest Regional Office](#)

[Disability Rights Texas](#)

## Featured Story: Key Dates for Coverage!

Affordable health coverage is coming thanks to the Affordable Care Act!

### Key Dates to Keep In Mind:

Oct. 1 - Open Enrollment Begins

Jan. 1, 2014 - Coverage Can Start

March 31, 2014 - Open Enrollment Ends

Check Out Our Blog For More:  
[bellertexasblog.org/tag/countdown-to-coverage](http://bellertexasblog.org/tag/countdown-to-coverage)



## Key Dates for Coverage!

If you plan to look for coverage in the new Health Insurance Marketplace, you'll want to keep a couple of key dates in mind.

October 1, 2013 – March 31, 2014 = Open Enrollment in the Marketplace

Open enrollment is the time of the year when people can enroll in plans in the Marketplace. In this first year, open enrollment will last 6 months.

**More details on the Better Texas Blog!**

## Get Covered!

[Find Insurance](#)

[Find Small Business Insurance](#)

[Find Insurance \(Pre-existing Conditions\)](#)

## News & Updates

["Perry, Obamacare, and the Uninsured" - Texas](#)



TOP STORIES IN POLITICS



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**U.S. Raids Terror Targets in Somalia, Libya**



2 of 12  
**Demonstrators Rally for Passage of Immigration Overhaul**



3 of 12  
**Pentagon to Recall Most Workers**

**Obama Bets on to Avoid Default**

POLITICS | October 6, 2013, 8:42 p.m. ET

## Software, Design Defects Cripple Health-Care Website

*Government Acknowledges It Needs to Fix Design and Software Problems*

Article | Graphics | Stock Quotes | Comments (502)

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By CHRISTOPHER WEAVER, SHIRA OVIDE and LOUISE RADNOFSKY [CONNECT](#)

Six days into the launch of insurance marketplaces created by the new health-care law, the federal government acknowledged for the first time Sunday it needed to fix design and software problems that have kept customers from applying online for coverage.

The [Obama](#) administration said last week that an unanticipated surge of Web traffic caused most of the problems and was a sign of high demand by people seeking to buy coverage under the new law.

But federal officials said Sunday the online marketplace needed design changes, as well as more server capacity to improve efficiency on the federally run exchange that serves 36 states.

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HERITAGE MEETS INNOVATION

CONVERSATIONS BETWEEN VISIONARIES WHOSE VALUES ARE SHAPING OUR FUTURE

ALICE WATERS AND



84% of U.S. employers report they are very likely to or definitely will continue to provide health insurance for full-time employees after state exchanges open in 2014.

# SHOP vs. Individual Exchange

Two separate Exchanges - states can merge into one

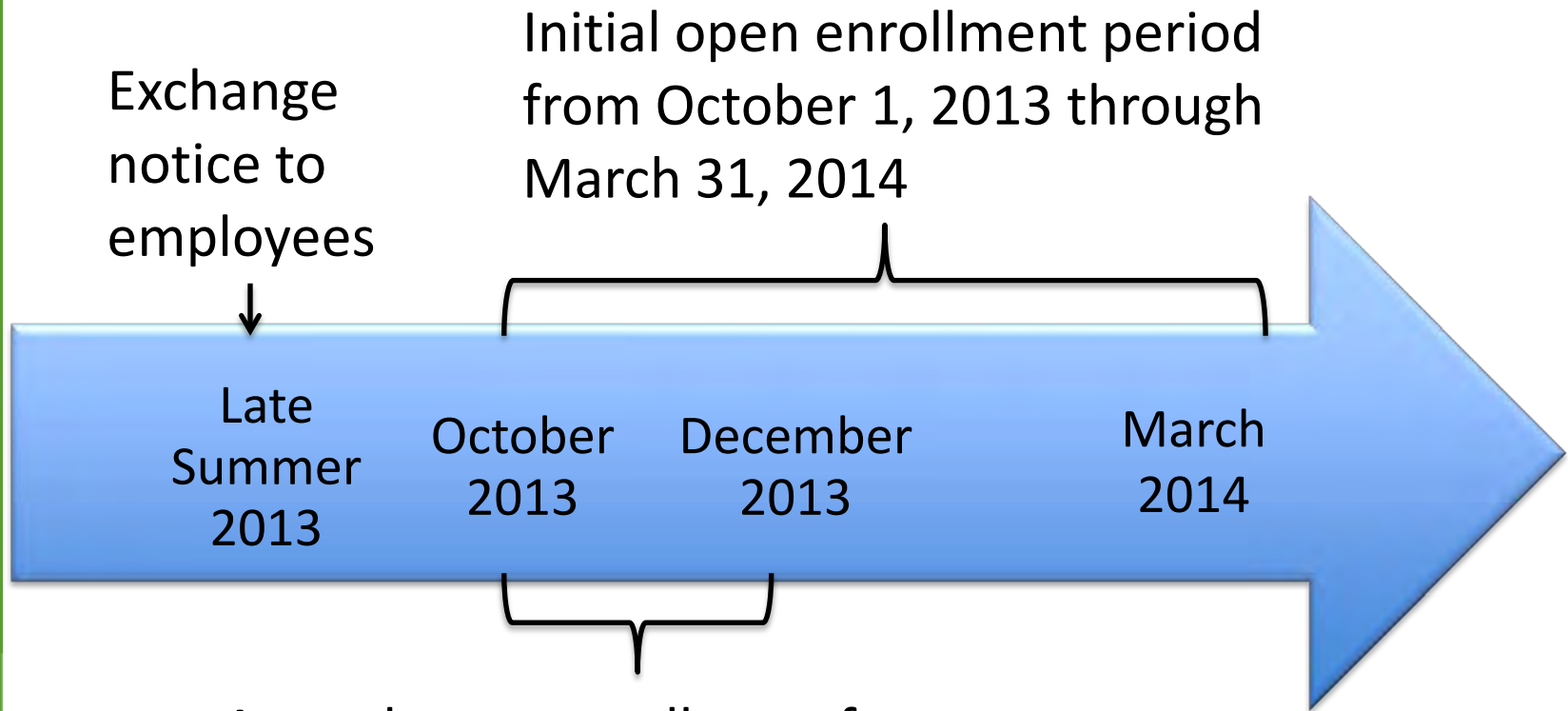
## Small Business (SHOP) Exchange

- Open to small businesses in 2014
- States may allow large employers to buy beginning in 2017
- Employer buys through:
  - State where employer has principal place of business, or
  - States where employees have their principal worksite
- No federal subsidies to help employees buy coverage
- Small employer tax credit:
  - 25 or fewer employees
  - Average annual wages less than \$50,000

## Individual Exchange

- Open to individuals who are citizens or legal residents
- Individual buys through home state exchange
- Federal subsidies available to help low income individuals/families buy coverage
- Individuals eligible for affordable employer-sponsored coverage or other public assistance plan do not qualify for federal subsidies

# State Exchange Timeline



Annual open enrollment from October 15 through December 7. Coverage effective January 1 of the following year.



# Pay or Play



# Individual Mandate

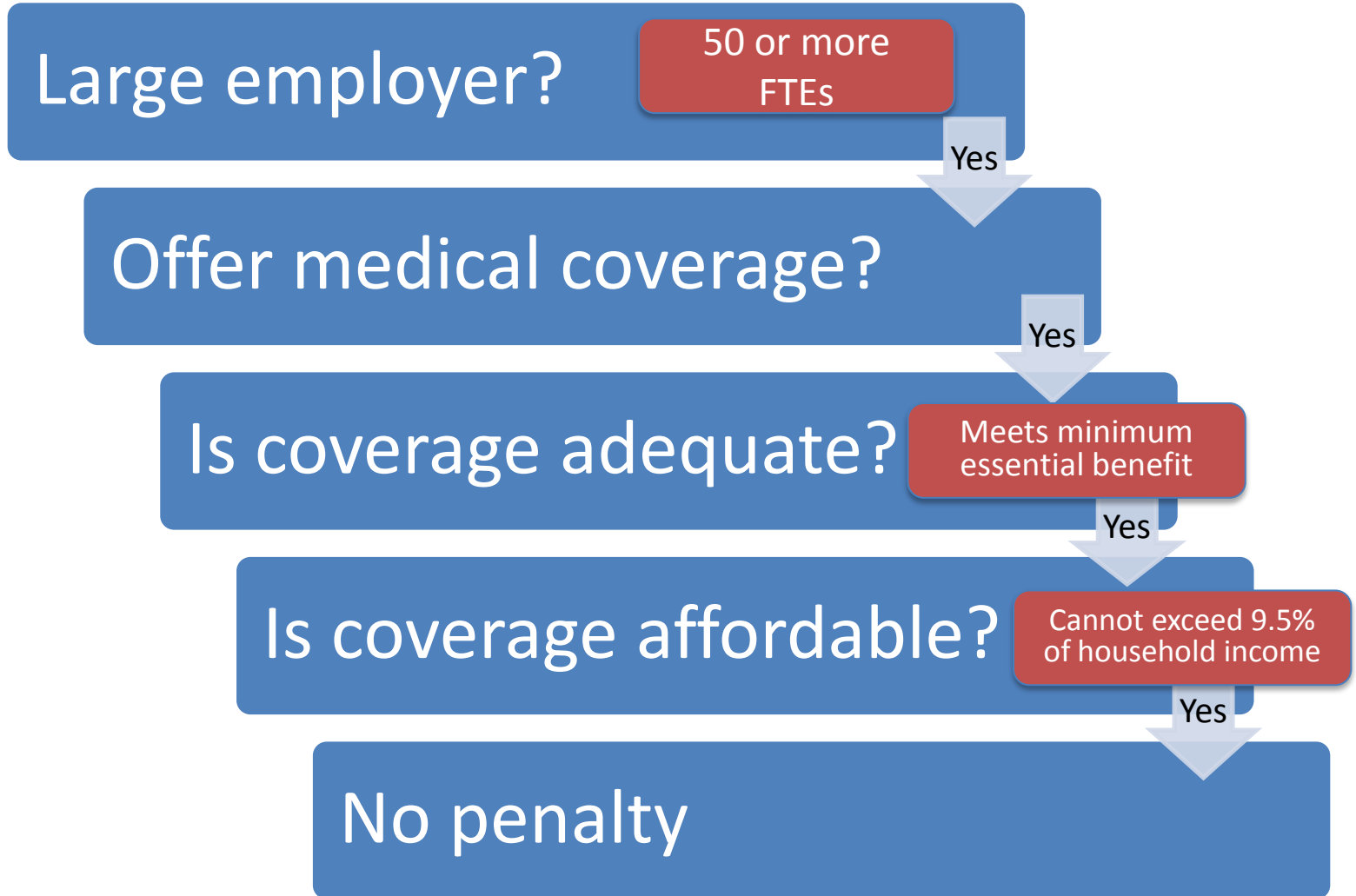
Individuals must maintain medical coverage or incur a penalty of:

- **2014:** \$95 per adult and \$47.50 per child (up to \$285 for a family) or 1.0% of household income
- **2015:** \$325 per adult and \$162.50 per child (up to \$975 for a family) or 2.0% of household income
- **2016 and beyond:** \$695 per adult and \$347.50 per child (up to \$2,085 for a family) or 2.5% of household income

# Federal Premium Subsidy

- Helps low-income individuals and families purchase coverage through a state health insurance exchange
- Eligibility:
  - Citizen or legal resident
  - Between 100% and 400% of Federal Poverty Level (FPL)
  - Not eligible for Medicare or Medicaid
  - Not eligible for affordable employer-sponsored health coverage

# Employer Mandate





# Employer Mandate

## Large employer?

- Not subject to mandate if fewer than 50 FTEs
- FTE definition based on 30 hour work week
- Combination of full time and part time employee hours for FTE calculation
- Average number of FTEs each month in the year
- Transition for 2014: use any 6 consecutive month period in 2013 for 2014 large employer determination

# NTCA website Health Care Reform Resource Center



## Full-Time Employee Equivalent (FTE) Worksheet

Month	Number of Full-Time Employees *	Total Hours Worked by Non Full-Time Employees	Total Full-Time Equivalent Employees
January	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
February	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
March	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
April	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
May	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
June	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
July	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
August	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
September	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
October	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
November	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
December	<input type="text" value="0"/>	<input type="text" value="0"/>	0.00
<b>SubTotal:</b>	0	0	
<b>Number of FTEs:</b>	0.00		

**\*A full-time employee is an employee who works an average of 30 or more hours per week.**

**Note:** If the number of FTEs is greater than 50, you may be subject to the employer mandate. Please review the Health Care Reform Resource Center for additional information.

**Disclaimer:** This Full-Time Equivalent Worksheet is provided as an educational resource and for informational purposes only. NTCA is not offering tax, legal, or other professional advice. You may not rely on this information for legal or any other purposes.

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Print

Calculate

Reset

# Employer Mandate

## Is coverage adequate?

- Plan offered should provide minimum essential coverage
- Coverage pays at least 60% of typical covered health care expenses
- Minimum value calculator available online from IRS and HHS

# Employer Mandate

## Is coverage affordable?

- Employee cost of single coverage may not exceed 9.5% of household income
- Safe harbor methods for employer to determine affordability
- If not, penalty is \$3,000 for each FTE receiving the tax credit



# Affordability Standard

- Safe harbor methods to demonstrate employee cost is affordable:
  - Form W-2: employee cost not to exceed 9.5% of wages as reported in Box 1
  - Rate of Pay: employee cost not to exceed 9.5% of monthly wage – hourly rate of pay x 130 x 9.5%  
[\$10/hour x 130 x 9.5% = \$123.50]
  - Federal Poverty Level: employee cost does not exceed 9.5% of FPL for single individual [Roughly \$90/month]
- Apply to household income definition for the employer mandate penalty, not federal premium subsidy eligibility
- Affordability relates to the cost of self-only coverage for lowest cost option plan

# Evaluate Penalty Risk

- Does your company employ 50 or more full time employees?
- Does your medical coverage meet the minimum essential coverage test?
- Does your employee cost of coverage meet the affordability test?
- Is coverage offered to at least 95% of FTEs, including variable hour employees?

# Cadillac Plan Excise Tax

40% excise tax on *aggregate cost of employer-sponsored coverage* for each individual that exceeds *annual limit*

## Coverage

- Health coverage (employee & employer paid), health FSA contributions, employer HSA contributions
- Excludes stand alone dental, vision, critical illness, and hospital indemnity plans

## Cost

- Calculated similar to COBRA premium
- Separate rates for individual and family coverage

## Annual Limit

- \$10,200 individual / \$27,500 family adjusted by “health cost adjustment percentage” and indexed to inflation
- Higher limits for retirees between 55 and 65

## Example

- Aggregate cost of health coverage single employee = \$11,500
- \$1,300 over threshold
- Excise tax =  $\$1,300 \times 40\% = \$520$

# Current Trends in Group Health Benefits



# The Cost

2011 - 2.6 Trillion or 17.7% GDP

2020 - 4.6 Trillion or 20% GDP

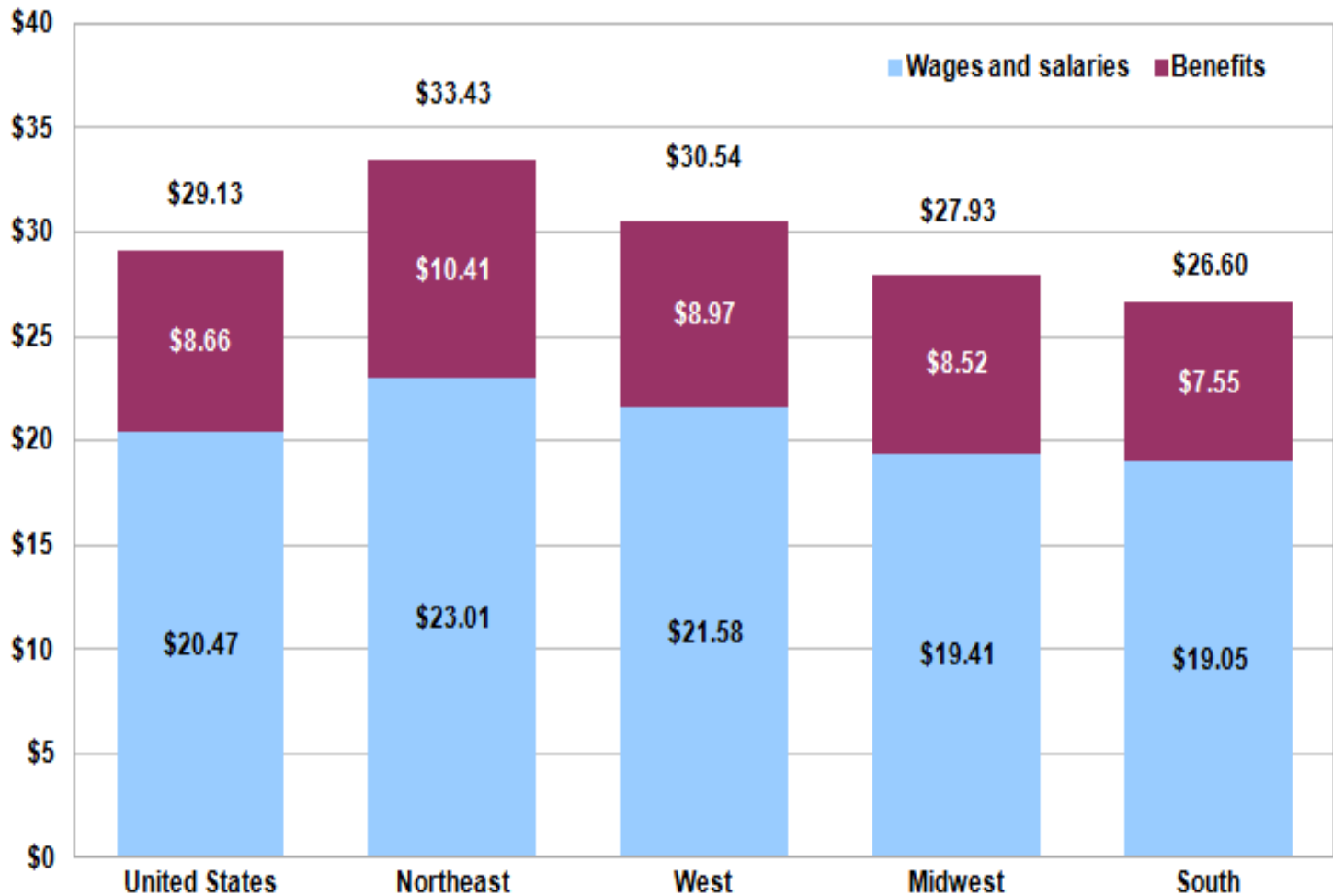
Source: Congressional Budget Office



# Projected 2014 Medical Inflation

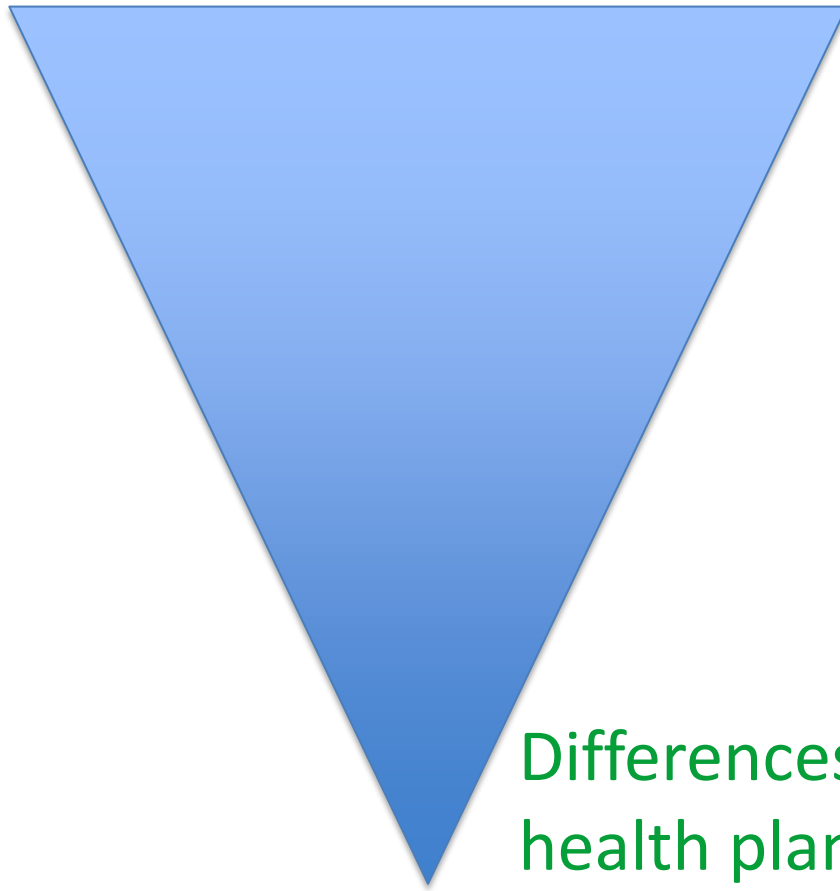
6.5%

Chart 1. Employer costs per hour worked for employee compensation in private industry by region, March 2013



Note: The sum of individual items may not equal totals due to rounding.

Source: U.S. Bureau of Labor Statistics.



# Affordable Care Act Mandates

Differences among health plans

Lifetime  
Limits

Annual  
Limits

Pre-existing  
Conditions



# Apples to Apples

## Insurance Company 1: Plan Option 1

Summary of Benefits and Coverage: What this Plan Covers & What it Doesn't

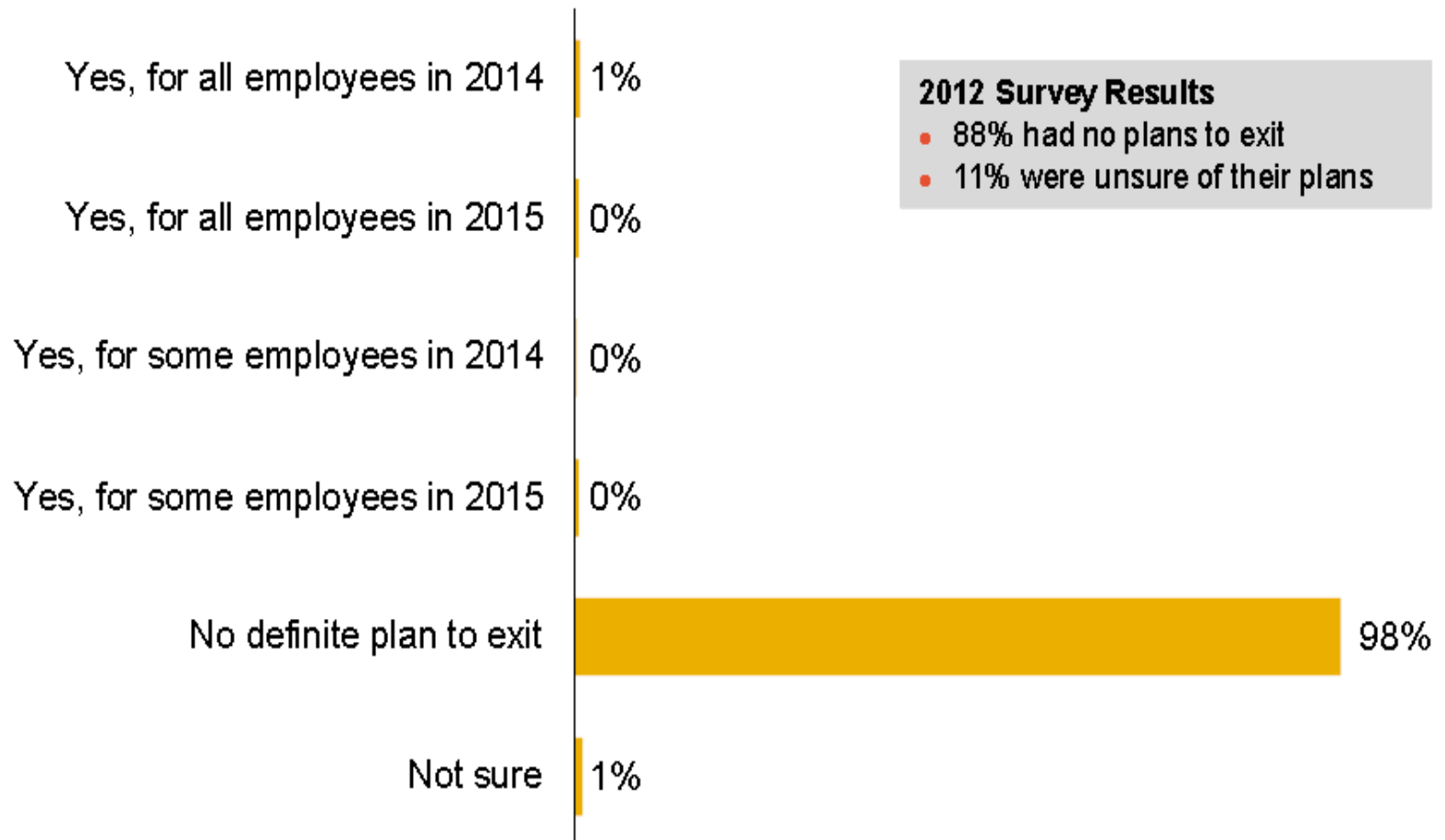


**This is only a summary.** If you want more detail about your coverage, please read the full Summary of Benefits and Coverage document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the cost of covered services you pay for before the plan starts over (usually, this amount is much more than you pay for cost sharing)
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other deductibles.	You must pay all of the cost of covered services you pay for before this plan begins to pay for services

# Most employers plan to retain their active medical plans

Does your company plan to discontinue its health care plans for active full-time employees in 2014 or 2015, and direct employees and their families to the public exchanges?

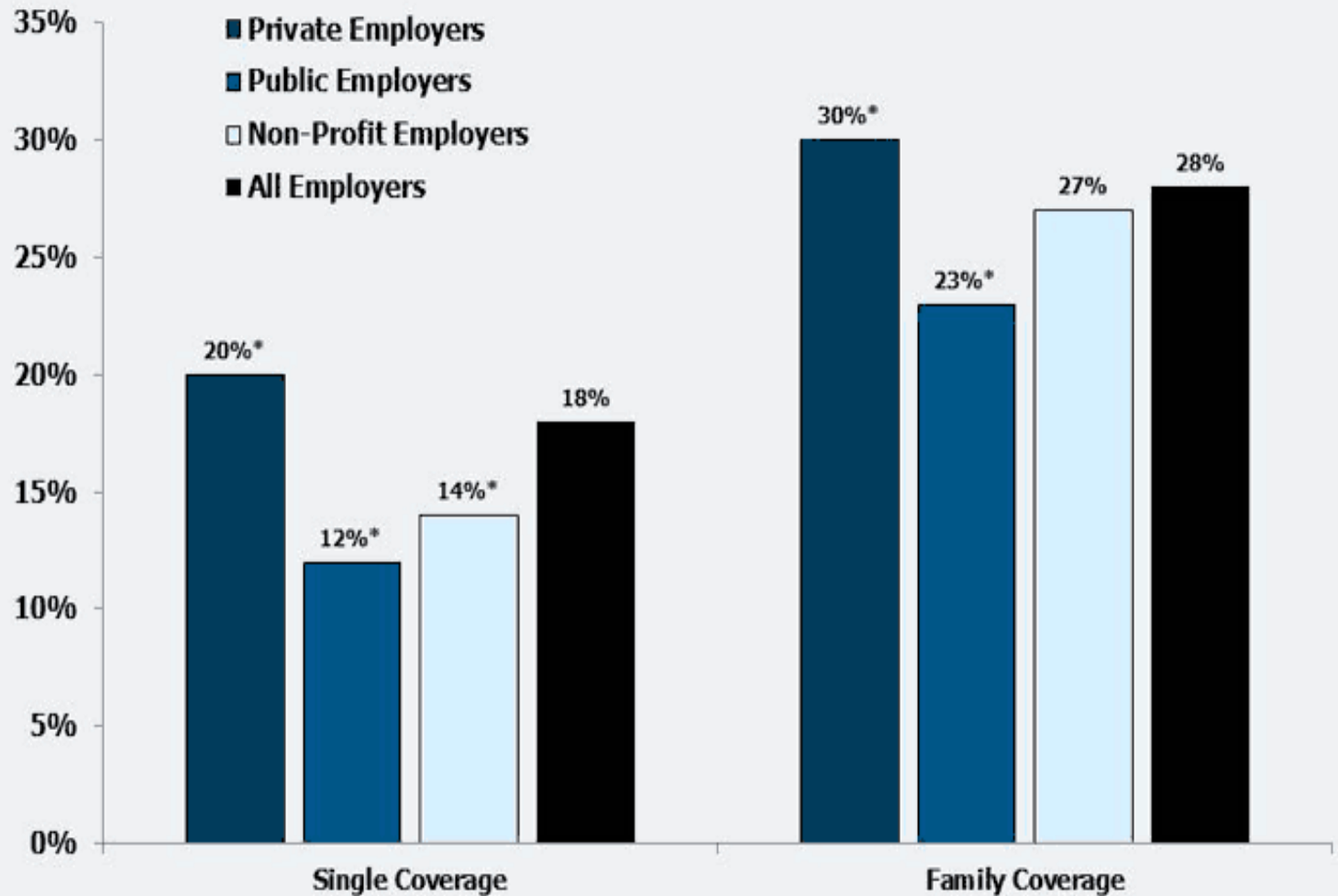


# Healthcare Cost Reduction Tactics

- Implement or increase Cost Sharing arrangement
- Plan Design Changes - PPO
- Select Base Plan and allow EEs to upgrade
- High Deductible Health Plans

The average employee's share of health care costs has increased more than 50% since 2008.

## Average Percentage of Premium Paid by Covered Workers for Single and Family Coverage by Firm Ownership Category, 2012

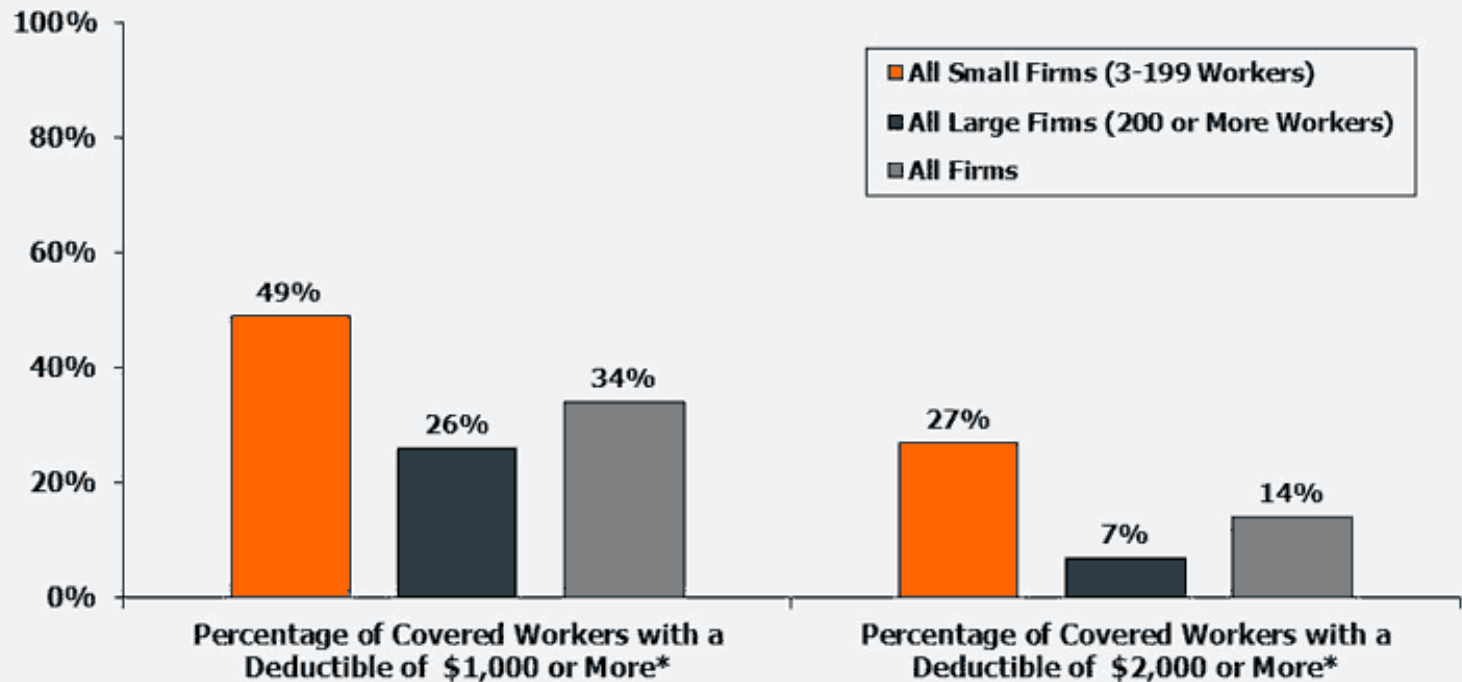


\* Estimate is statistically different from firms not in the indicated ownership category ( $p < .05$ ).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.



## Percentage of Covered Workers Enrolled in a Plan with a High General Annual Deductible for Single Coverage, By Firm Size, 2012



\* Estimate is statistically different between All Small Firms and All Large Firms within category ( $p < .05$ ).

Note: These estimates include workers enrolled in HDHP/SO and other plan types. Because we do not collect information on the attributes of conventional plans, to be conservative, we assumed that workers in conventional plans do not have a deductible of \$1,000 or more. Because of the low enrollment in conventional plans, the impact of this assumption is minimal. Average general annual health plan deductibles for PPOs, POS plans, and HDHP/SOs are for in-network services.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2012.

“I am willing to bear more of the cost of my benefits in order to have a choice of benefits that meets my needs.”



GEN Y

**55%**



GEN X

**51%**



YOUNGER  
BOOMERS

**49%**



OLDER  
BOOMERS

**47%**

“Having benefits customized to meet my needs would increase my loyalty to my employer”



GEN Y

**69%**



GEN X

**62%**



YOUNGER  
BOOMERS

**58%**

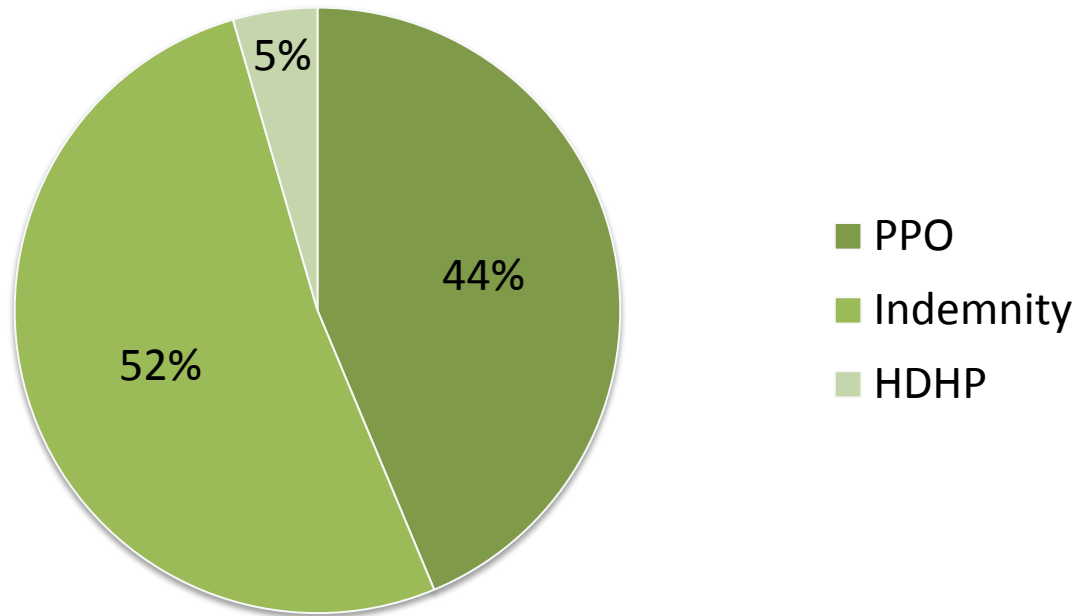


OLDER  
BOOMERS

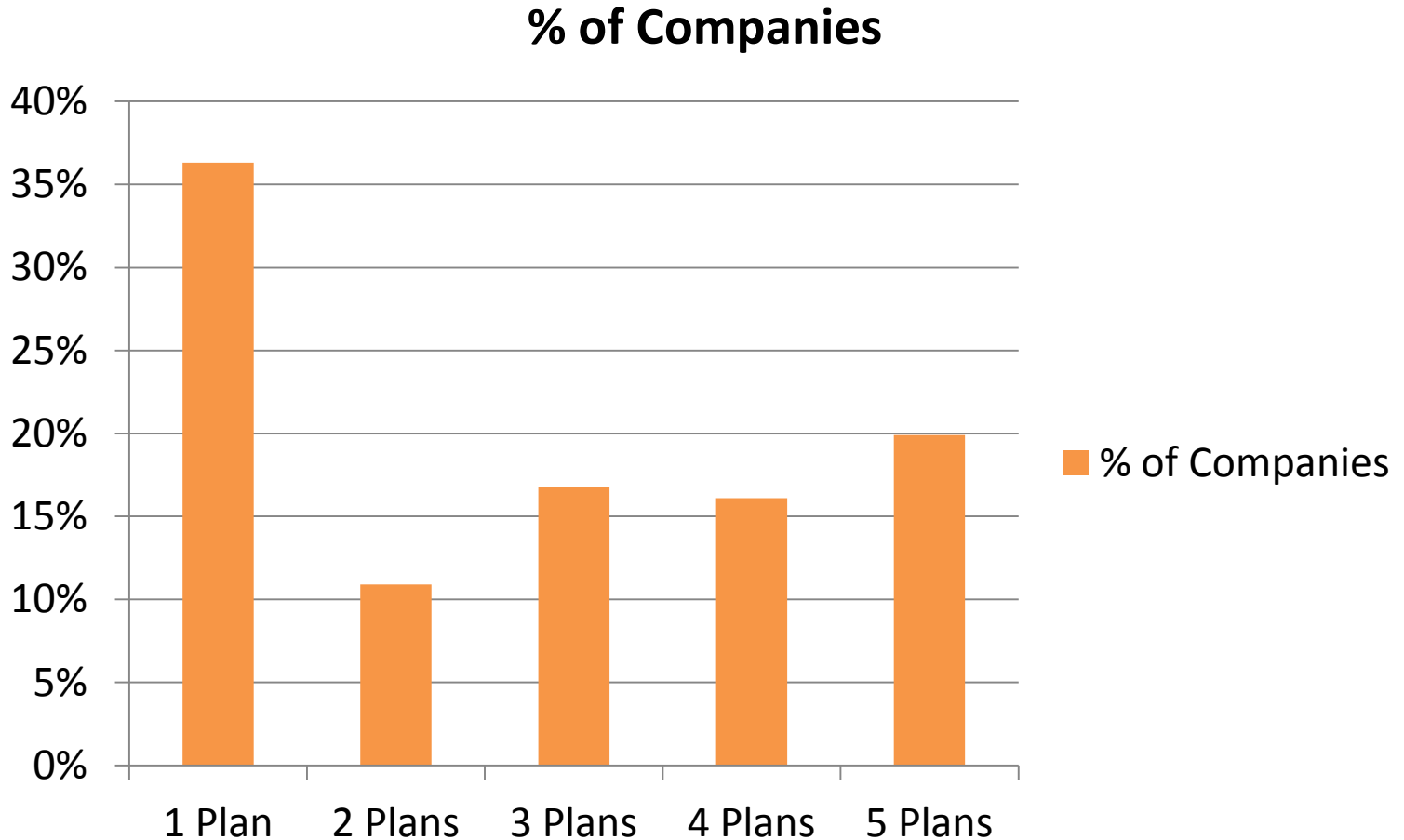
**54%**

# What plans are companies using?

% of Employees

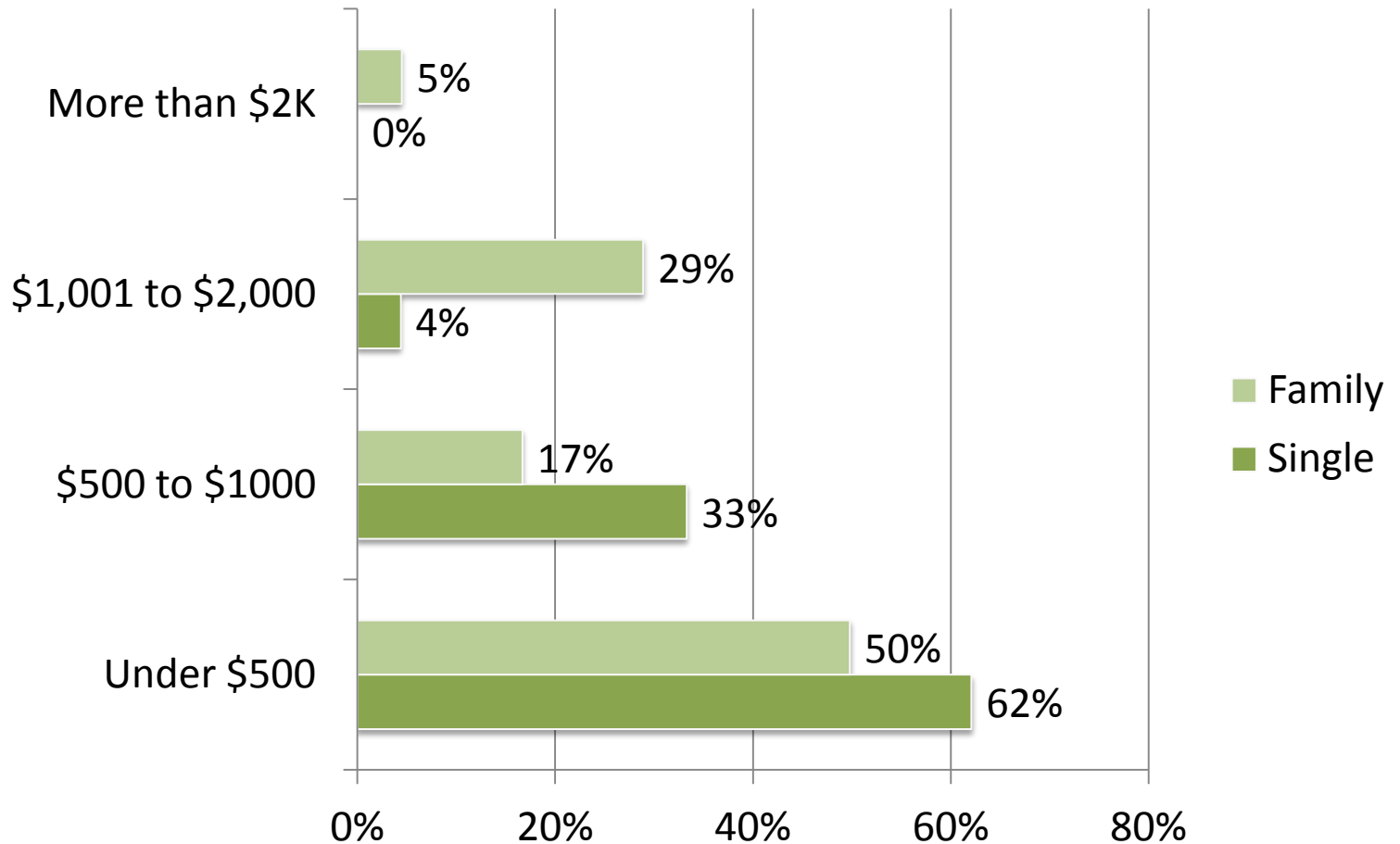


# How many plans do they offer?

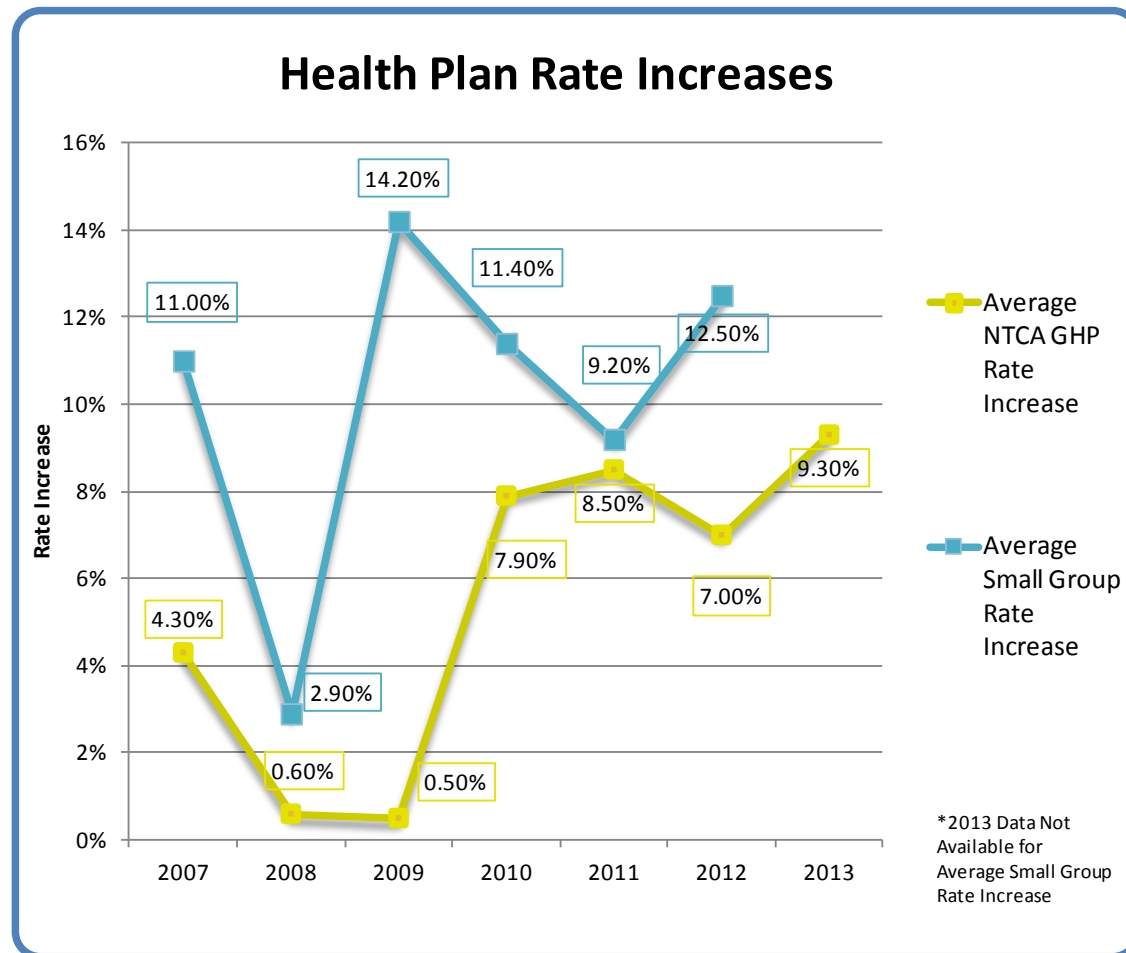




# What deductibles do you see?



# GHP Rate Increase vs. Small Group Rate Increase



# (ABHP) Account Based Health Plan

## HAS – Health Savings Acct

- Must be enrolled in a HDHP
- ER and EE contributions
- Tax preferred treatment
- Portable to EE
- Balance is cumulative
- Investments w/in acct
- Must be used for eligible expenses

## HRA – Health Reimbursement Acct

- No HDHP requirement
- ER contributions only
- Tax preferred treatment
- Employer retains unused funds
- Typically used to ‘buy down’ a higher deductible
- Cannot provide first dollar coverage

# Health Care Reform: Resources

- Health Care Reform Resource Center available on the NTCA website
  - Employer's Guide to Health Care Reform
- HealthCare.gov – U.S. Department of Health & Human Services
- Laurie Simpson  
Member Relations Mgr. - NTCA

# NTCA website Health Care Reform Resource Center

[Group Health](#)[Retirement & Security](#)[Savings Plan](#)[Other Services](#)[Member Relations](#)[Benefits Forms](#)[Home](#)

## INSURANCE AND BENEFITS

- VISITORS
- HR & BENEFITS ADMINISTRATORS
  - Contact Us
  - Resource Center
    - Benefits Admin Manual
    - Forms
    - Group Health Program Resources
    - Health Care Reform Resource Center
      - Health Care Reform Resource Center Archives
    - R&S Program Resources
    - Savings Plan Resources
  - Benefit Plans & Services
  - Benefits Program Education Events
- PARTICIPANTS
- HEALTH CARE PROVIDERS

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## Health Care Reform Resource Center

Access the latest news and information to help you understand the impact of health care reform, as well as tools to help prepare you and Group Health Program (GHP) participants for the changes.

### Latest News:

NTCA Supports Rosenworcel's Call to Expand Telemedicine  
Full Story: [Washington Report, June 11, 2013](#)

[Benefits Program Alert: Health Care Reform Update](#) (July 10, 2012)

[Benefits Program Alert: Health Care Reform Update](#) (April 4, 2012)

[Benefits Program Alert: Health Care Reform Update](#) (April 4, 2012)

[Benefits Program Alert: Health Care Reform Update](#) (January 6, 2012)

[Latest News Archives](#)

### Communication Tools:

[Full-time Employee Equivalent \(FTE\) Worksheet](#)

 **New!**

The FTE Calculator is a tool designed to assist members in determining if they employ more than 50 full-time equivalent employees. Under the Affordable Care Act, employers that employ more than 50 full-time equivalent employees are considered a "large employer" and are subject to the Act's employer mandate provisions.

[Notice of Health Care Marketplace With Group Health Plan](#)  
(Print Only Version)

 **New!**

[Notice of Health Care Marketplace With Group Health Plan](#)  
(Fillable Version)

 **New!**

[Notice of Health Care Marketplace Without Group Health Plan](#) (Print Only Version)

 **New!**

[Notice of Health Care Marketplace Without Group Health Plan](#)  
(Fillable Version)

 **New!**[MEMBER LOGIN](#)



# Questions



# Important Information

- This presentation provides a summary of NTCA's benefits program and plan provisions.
- The plan specifications provide the final authority on plan requirements and benefits.
- In the event of discrepancies in the material included in this presentation or stated by the presenter, the provisions in the official plan documents are the governing authority.
- Reproduction or use of this presentation is prohibited without consent from NTCA.