



New Health Insurance Marketplace Coverage Options and Your Health Coverage

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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 ("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?

For more information about your coverage offered by your employer, please refer to the TriNet Guidebook and Summary Plan Description, available on HR Passport, or contact the TriNet Employee Solution Center at 800.638.0461, 5 a.m. to 6 p.m. Pacific Time, Monday through Friday.

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

Your company is a TriNet customer. TriNet is a licensed professional employer organization ("PEO") headquartered in San Leandro, California. Your company has entered into a customer service agreement with TriNet to share certain employer responsibilities as co-employers. TriNet is your employer of record for administrative purposes and will process payroll and provide certain human resource services and benefits.

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. Worksite employer name (your company) Life Chiropractic College West		4. Federal Identification Number 464102317	
5. Address 25001 Industrial Blvd		6. Phone number 5107804500	
7. City Hayward	8. State CA	9. ZIP code 94545	
10. Who can we contact about employee health coverage at this job? TriNet Group, Inc.			
11. Phone number (800) 638-0461		12. Email address employees@trinet.com	

Plan Sponsor Name TriNet Group, Inc.	Plan Sponsor FEIN 95-3359658	
Plan Sponsor Address 1100 San Leandro Blvd., Suite 400	Plan Sponsor Phone Number (800) 638-0461	
Plan Sponsor City San Leandro	State CA	ZIP 94577

Below is some basic information about TriNet group health coverage¹:

TriNet offers a health plan to:

- ☐ All employees
- ☒ Some employees. Eligible employees:
 - a. Are regularly scheduled to work for TriNet or an individual TriNet customer for a minimum of 30 hours a week (20 hours for Hawaii residents);
 - b. Maintain a primary residence or are regularly employed within the geographic scope of an applicable plan or be regularly employed in the service area;
 - c. Have completed the waiting period selected by the worksite employer listed above; and
 - d. Are not represented by a collective bargaining contract unless the collective bargaining contract or some other written agreement provides for participation.

You are not eligible for TriNet benefits if you are:

- a. An independent contractor;
- b. A seasonal or temporary worksite employee; or
- c. A commissioned worksite employee or business owner who is not earning wages.

¹Insurance coverage exclusions and limitations apply. In the event there is a conflict between any of the information provided and TriNet's Plan document, the Plan document will control. Also, if there is a conflict with an official certificate provided by TriNet's insurance carrier(s) (the "Carrier Certificate"), the Carrier Certificate will control.

With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- a. Your spouse as defined in an Insurance Contract or your legally married husband or wife, unless legally separated by a court decree;
- b. Your domestic partner, as defined under the terms of the TriNet Group, Inc. Section 125, Section 129 and Flexible Spending Account Plan;
- c. Your, your spouse's, or your domestic partner's natural child, stepchild, adopted child, child placed for adoption, or child for whom you have been appointed legal guardian, who is:
 - i. less than age 26 (unless extended by state mandate);
 - ii. a disabled child;
 - iii. the child of a dependent (as mandated by state law and allowed by the applicable carrier); or
 - iv. a child named in a Qualified Medical Support Order (QMCSO) requiring you to provide health coverage.

☐ We do not offer coverage

☒ This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages, as of the start of the benefits plan year that begins in 2014.

**** 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.

Additional ACA Employer Information
Questions 13-16 below are optional and were intentionally left blank.

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)

☐ No

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

☐ Yes (Go to question 15)

☐ No

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? \$ _____

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.

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 on to the employee that meets the minimum value standard. * (Premium should reflect the discount for wellness programs. See question 15.)

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

b. How often? ___Weekly ___Every 2 weeks ___Twice a month ___Monthly ___Quarterly ___Yearly

Date of change (mm/dd/yyyy) _____

* 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)