2023 Compliance Notices for Chroma

# The Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

HIPAA places limitations on a group health plan's ability to impose preexisting condition exclusions, provides special enrollment rights for certain individuals and prohibits discrimination in group health plans based on health status. In addition, HIPAA establishes a set of national standards to address the use and disclosure of individuals' health information - called protected health information.

# HIPAA Notice of Privacy Practices

The Plan's HIPAA Notice of Privacy Practices is available upon request. To obtain a copy of the Plan's HIPAA Notice of Privacy Practices, please contact the Office of Human Resources at 802-428-2631. For more information on the Plan's privacy policies or your rights under HIPAA, contact the Office of Human Resources at 802-428-2631.

# HIPAA Special Enrollment Rules

HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage in Chroma’s health plan under "special enrollment provisions" briefly described below.

* Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under Chroma’s health plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after your or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.
* New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under Chroma’s health plan. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.
* Enrollment Due to Medicaid/CHIP Events. If you or your eligible dependents are not already enrolled in Chroma’s health plan, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact the Plan Administrator at CBA BLUE Health Care at (888) 222-9206 for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

# Continuation Coverage Rights Under COBRA Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

# What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

* Your hours of employment are reduced, or
* Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

* Your spouse dies;
* Your spouse's hours of employment are reduced;
* Your spouse's employment ends for any reason other than his or her gross misconduct;
* Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
* You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

* The parent-employee dies;
* The parent-employee's hours of employment are reduced;
* The parent-employee's employment ends for any reason other than his or her gross misconduct;
* The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
* The parents become divorced or legally separated; or
* The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceed ing in bankruptcy is filed with respect to Chroma and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

# When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a

qualifying event has occurred. The employer must notify Chroma’s administrator of the following qualifying events:

* The end of employment or reduction of hours of employment;
* Death of the employee;
* Commencement of a proceeding in bankruptcy with respect to the employer; or
* The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

# For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: CBA BLUE Healthcare, 62 Merchants Row, Ste. 201, Winooski, VT 05495; 802-264-6551.

**How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

# Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

# Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

# Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov.](http://www.healthcare.gov/)

# If you have questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa.](http://www.dol.gov/ebsa) (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.eov.](http://www.healthcare.eov/)

# Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

# Plan contact information:

**CBA BLUE Healthcare, 46 Bowdoin St., South Burlington VT 05403; (888) 222-9206.**

# Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or

your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [**www.healthcare.gov**.](http://www.healthcare.gov/)

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [**www.insurekidsnow.gov**](http://www.insurekidsnow.gov/) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment”

opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [**www.askebsa.dol.gov**](http://www.askebsa.dol.gov/) or call **1-866-444-EBSA (3272)**.

# If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2019. Contact your State for further information on eligibility--

**ALABAMA** – Medicaid Website: <http://myalhipp.com/> Phone: 1-855-692-5447

**ALASKA** – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp> x

**ARKANSAS** – Medicaid Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

**COLORADO** - Medicaid and CHIP Health First Colorado Website: https://[www.healthfirstcolorado.com/](http://www.healthfirstcolorado.com/)

Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/

State Relay 711

**FLORIDA** - Medicaid

Website: http:// flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268

**GEORGIA** - Medicaid

Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131

**INDIANA** - Medicaid

Healthy Indiana Plan for Low-Income Adults 19-64 Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com/) Phone 1-800-403-0864

**IOWA** - Medicaid

Website: <http://dhs.iowa.gov/Hawki> Phone: 1-800-257-8563

**KANSAS** - Medicaid

Website: <http://www.kdheks.gov/hcf/> Phone: 1-785-296-3512

**KENTUCKY** - Medicaid Website: https://chfs.ky.gov Phone: 1-800-635-2570

**LOUISIANA** - Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331> Phone: 1-888-695-2447

**MAINE** - Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-> assistance/index.html

Phone: 1-800-442-6003

TTY: Maine relay 711

**MASSACHUSETTS** - Medicaid and CHIP Website:

<http://www.mass.gov/eohhs/gov/departments/masshe> alth/

Phone: 1-800-462-4840

**MINNESOTA** - Medicaid

Website: https://mn.gov/dhs/people-we- serve/seniors/health-care/health-care- programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739

**MISSOURI** - Medicaid Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.h> tm

Phone: 573-751-2005

**MONTANA** - Medicaid Website:

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP> P

Phone: 1-800-694-3084

**NEBRASKA** - Medicaid

Website: [http://www.ACCESSNebraska.ne.gov](http://www.accessnebraska.ne.gov/) Phone: 1-855-632-7633

Lincoln: 1-402-473-7000

Omaha: 1-402-595-1178

**NEVADA** - Medicaid

Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov/) Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE** - Medicaid

Website: https://[www.dhhs.nh.gov/oihipp.htm](http://www.dhhs.nh.gov/oihipp.htm) Phone: 603-271-5218

Toll free for the HIPP program: 1-800-852-3345, ext. 5218

**NEW JERSEY** - Medicaid and CHIP Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/> medicaid/

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

**NEW YORK** - Medicaid Website:

https://[www.health.ny.gov/health\_care/medicaid/](http://www.health.ny.gov/health_care/medicaid/) Phone: 1-800-541-2831

**NORTH CAROLINA** - Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100

**NORTH DAKOTA** - Medicaid Website:

<http://www.nd.gov/dhs/services/medicalserv/medicaid>

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Phone: 1-844-854-4825

**OKLAHOMA** - Medicaid and CHIP Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org/) Phone: 1-888-365-3742

**OREGON** - Medicaid Website:

<http://healthcare.oregon.gov/Pages/index.aspx> <http://www.oregonhealthcare.gov/index-es.html> Phone: 1-800-699-9075

**PENNSYLVANIA** - Medicaid Website:

<http://www.dhs.pa.gov/provider/medicalassistance/he> althinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462

**RHODE ISLAND** - Medicaid and CHIP Website: <http://www.eohhs.ri.gov/> Phone: 1-855-697-4347 or 401-462-0311

**SOUTH CAROLINA** - Medicaid Website: https://[www.scdhhs.gov](http://www.scdhhs.gov/) Phone: 1-888-549-0820

**SOUTH DAKOTA** - Medicaid Website: [http://dss.sd.gov](http://dss.sd.gov/) Phone: 1-800-362-3002

Phone: 1-888-828-0059

**TEXAS** - Medicaid

Website: <http://gethipptexas.com/> Phone: 1-800-440-0493

**UTAH** - Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/ CHIP Website: <http://health.utah.gov/chip> Phone: 1-877-543-7669

**VERMONT** - Medicaid

Website: <http://www.greenmountaincare.org/> Phone: 1-800-250-8427

**VIRGINIA** - Medicaid and CHIP Medicaid Website:

<http://www.coverva.org/programs_premium_assistnac> e.cfm

Medicaid Phone: 1-800-432-5924 CHIP Website:

<http://www.coverva.org/programs_premium_assistanc> e.cfm

CHIP Phone: 1-855-242-8282

**WASHINGTON** - Medicaid

Website: https://[www.hca.wa.gov/](http://www.hca.wa.gov/) Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA** - Medicaid Website: <http://mywvhipp.com/>

Phone: 1-855-MYWVHIPP (1-855-699-8447)

**WISCONSIN** – Medicaid and CHIP https://[www.dhs.wisconsin.gov/publications/p1/p1009](http://www.dhs.wisconsin.gov/publications/p1/p1009) 5.pdf

**WYOMING** - Medicaid

Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, you may contact either:

U.S. Department of Labor

Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272); or

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov/)

1-877-267-2323, Menu Option 4, Ext. 61565

# Women's Health & Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health

and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

* + All stages of reconstruction of the breast on which the mastectomy was performed;
	+ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
	+ Prostheses;
	+ Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this Plan. Therefore, the deductibles and coinsurance shown in the medical section of this guide apply.

If you would like more information on WHCRA benefits, call your Plan Administrator at 802-264-6551.

# Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Chroma and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

* + Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
	+ CBA BLUE Health Care has determined the prescription drug coverage offered by Chroma is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Chroma coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Chroma coverage, be aware that you and your dependents will be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Chroma and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage. . .

Contact the Office of Human Resources at 802-428-2631. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Chroma changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage. . .

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

* + Visit www.medicare.gov;
	+ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
	+ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov,](http://www.socialsecurity.gov/) or call them at 1-800-772- 1213 (TTY 1-800-325-0778).

# Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:02/02/2023

Name of Entity/Sender: Chroma

Contact--Position/Office: Cathy Sullivan, HR Manager

Address: 10 Imtec Lane, Bellows Falls, VT 05101

Phone Number:802-428-2631

# Summary of Benefits and Coverage ("SBC") and Uniform Glossary

The Affordable Care Act requires that employers must provide an SBC to all eligible employees and beneficiaries with any application for enrollment (including annual open enrollment) and upon request. A copy of the Plan's SBC is contained with your annual enrollment materials. If you have any questions, or did not receive one, please contact Human Resources at 802-428-2631.

# Notice Regarding the Health Insurance Marketplace

The Health Insurance Marketplace (“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 tax credit that lowers your monthly premium. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2022 for coverage beginning as early as early as January 1, 2023.

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

You may qualify to save money and lower your monthly premium. The health care law states if your

employer does not offer coverage, or offers coverage that doesn’t meet certain standards, you may eligible for tax credits or premium discounts based on your household income.

# Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

If, in 2023, 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. In 2023, if the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78% 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. 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.

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 your Human Resources Department. 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.

# 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. The coverage we offer for 2020 is intended to meet the minimum value standard, and the cost of this coverage is intended to meet ACA requirements for affordability.1

Employer Name: Chroma

Employer Identification Number (EIN): 03-0329705 / 26-4699689

Employer Address: 10 Imtec Lane, Bellows Falls, VT 05101

Employer Phone Number: 802-428-2631

Employer Contact Person: Cathy Sullivan

Contact Email: csullivan@chroma.com

Here is some basic information about health coverage we offer:

As your employer, we offer a health plan to employees who meet the following eligibility requirements: First of the month following 60 days after date of hire for eligible (30+ hours per week) employment. We also offer coverage to spouses and children to age 26.

1 This is subject to future regulations and legal requirements, as well as employer decisions regarding health care coverage. In no way is this statement intended to act as an agreement or contract to offer health care coverage that meets the minimum value standard and is affordable (as defined under the health care law reform rules and regulations).