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**MEMORANDUM #025-HR13**

**TO:** Agency Administrators

**FROM:** Carolyn Horwich, J.D., Director of Human Resources

**THROUGH:** Rip Colvin, Executive Director

**SUBJECT:** Variable Hour/OPS Health Insurance

**DATE:** September 4, 2013

The Department of Management Services (DMS) has distributed additional documents with regard to Variable Hour/OPS health insurance and the Patient Protection and Affordable Care Act (PPACA). We received four documents yesterday which we are now distributing to you. The first two deal only with variable hour/OPS employees. The third and fourth documents relate to ALL employees.

The first document is a revised version of Questions and Answers from earlier this summer. I have highlighted in yellow the revised language. By highlighting the revisions, your attention will be directed to the new language. This document is entitled, "For Employees --FAQs for Variable Hour (OPS) Employees".

The second document is similar to the first, but is geared more for Human Resources professionals. This document is entitled "For Human Resources Staff --FAQs for Variable Hour (OPS) Employees".

The third document is a Management Advisory from DMS. It is an informational sheet that provides background on the federal government's notice requirements for all employees under PPACA. It also spells out procedures that must be followed to reflect compliance with the law. Please note that the advisory states that DMS will notify all *current* employees of health insurance marketplace coverage options. You will be responsible only for providing the required notice – the fourth document -- to New Hires and for documenting that compliance in the manner stated in the advisory.

The fourth document is the two-page notice that you must provide to all newly hired employees who are hired on or after September 27, 2013. This document is entitled, "New Health Insurance

Marketplace Coverage Options and Your Health Coverage”. You may wish to have newly hired employees sign and date the hard copy form before you place it in the employee’s personnel file.

If you would like to peruse the website that DMS has established regarding the Patient Protection and Affordable Health Care Act, please go to:

[http://www.dms.myflorida.com/human\\_resource\\_support/state\\_group\\_insurance/for\\_hr\\_offices](http://www.dms.myflorida.com/human_resource_support/state_group_insurance/for_hr_offices).

If you have any questions, please do not hesitate to contact me at

[Carolyn.Horwich@justiceadmin.org](mailto:Carolyn.Horwich@justiceadmin.org) or (850)488-2415, ext. 290. Thank you.

1. I am an OPS employee at a state agency. Am I automatically eligible for health insurance coverage?

No. Federal guidelines say that employers must offer coverage to employees who work 30 hours per week or more on average. The guidelines further say that employers have to measure employees to determine their eligibility. We are working with state employers and People First to develop processes to accurately measure the hours OPS employees work in a 12-month period.

However, if you are hired by a state employer April 2, 2013, or after and your employer reasonably expects you to work 30 or more hours per week, you are automatically eligible for coverage.

2. I'm not called an OPS employee. Am I eligible?

Yes, if you work 30 hours per week or more on average over a 12-month period. "OPS (Other Personal Service) employee" is a term the state uses for variable hour or temporary employees. The following list of employees is an example of those whose work hours will be measured:

- Employees paid from OPS funds, except short-term and seasonal
- Exempt OPS salaried employees
- Employees hired on a temporary basis, unless they are leased from a staffing firm (e.g., Kelly Services)
- Employees paid an hourly wage or stipend who are not considered permanent
- Student workers and graduate assistants
- Adjunct professors
- Leased or contracted employees who are subject to control of the employer as to what is done and how it is to be done (Independent contractors whose work is dictated by the terms of a contract are *not* eligible for coverage through State Group Insurance.)
- Board members
- Fee for service employees
- AmeriCorps volunteers (under review – TBD)

3. How will I know if I'm eligible?

People First will mail you a package of information with your options, monthly costs, enrollment deadlines and other pertinent information.

4. What kinds of insurance can I get through the State Group Insurance Program?

Eligible OPS employees can enroll in State Group Insurance plans as follows:

- Health Insurance
  - Standard HMO or PPO - \$50 single or \$180 family per month
  - Health Investor HMO or PPO - \$15 single or \$64.30 family per month
  - Spouse Program - \$15 per spouse per month (spouses must both be employed by a state employer and eligible for coverage)
- Tax-favored Accounts
  - Health Savings Account - if enrolled in a Health Investor HMO or PPO, eligible to receive the monthly state contribution of \$41.66 single or \$83.33 family per month, as well as make your own pretax contributions
  - Dependent Care Reimbursement Account
- Life Insurance
  - Basic life – to participate, you must actively enroll and pay \$4.54 per month; coverage is effective the first of the month following a full payroll deduction
- Dental, vision and other supplemental pretax plans

OPS employees will not be able to enroll in a Medical Reimbursement or Limited Purpose Medical Reimbursement Account or Optional Life insurance.

5. When will coverage start?

The earliest coverage will begin is Jan. 1, 2014.

6. How will you determine who is eligible to participate in the upcoming open enrollment?

- We will use a one-time, six-month measurement period to determine eligibility for coverage for all OPS employees working as of April 1, 2013.
  - If they work 30 hours on average or more per week from April 1, 2013, through Oct. 2, 2013, they will be eligible to enroll in coverage during open enrollment with an effective date of Jan. 1, 2014.
  - If they do not work 30 hours or more, eligibility for future coverage will be determined at the end of the next open enrollment measurement period (Oct. 3 through the following Oct. 2.)
- OPS employees hired between April 2, 2013, and Oct. 2, 2013, who are reasonably expected to work 30 hours or more per week will also be eligible to enroll in coverage during open enrollment.
- Employees hired April 2, 2013, and after but not reasonably expected to work 30 hours or more per week will not be eligible during open enrollment to enroll in coverage for Jan. 1, 2014. Eligibility for future coverage will be determined at the end of their 12-month new hire measurement period.

7. What are the measurement and stability periods?

The new hire measurement period is 12 consecutive months, beginning the first day of the first month following an OPS employee's hire date for which the average hours worked weekly will be measured to determine eligibility for coverage.

The open enrollment measurement period is also 12 consecutive months, from Oct. 1 through the following Sept. 30 for which the average hours worked weekly will be measured to determine eligibility for coverage for the subsequent plan year (Jan. 1 through Dec. 31).

The stability period is the 12-month period following a measurement period during which eligible employees who enroll in coverage must be covered.

- After the new hire measurement period, coverage can begin as soon as the second month. For example, an employee is hired January 22, 2014. The new hire measurement period is from Feb. 1, 2014 through Jan. 1, 2015. If the employee is determined to be eligible, coverage can begin March 1, 2015 and continue through Feb. 29, 2016, provided she stays employed with the state.
- Following the OE measurement period, the stability period is Jan. 1 through Dec. 31.

8. Once enrolled in insurance, how long will I get to keep my coverage?

- **Health** insurance coverage continues for 12 months (your stability period), as long as you continue working for the state, even if your hours drop below an average of 30.
- Eligibility to continue coverage for the subsequent plan year will be determined annually by measuring your hours worked during the open enrollment measurement period.
  - If you are determined to be *eligible*, coverage continues without interruption and you will be guaranteed another 12 months of health insurance coverage.
  - If you are determined to be *ineligible*, health insurance will end the last day of the twelfth month of coverage. All other plans will end at the same time as health insurance, regardless of the number of months you are enrolled.
- If you terminate employment, you are covered through the last day of the month following termination, provided premiums are paid in full. You can continue health, dental and vision coverage through COBRA for up to 18 months if you were enrolled in those plans at the time of termination.

9. What happens if I have coverage but I'm determined to be ineligible during the next open enrollment measurement period?

All coverage will terminate at the end of your 12-month health insurance stability period; however, you can continue health, dental and vision coverage through COBRA for up to 18 months if you were enrolled in those plans at the time of your ineligibility. Eligibility for the subsequent plan year will be measured during the next open enrollment measurement period.

10. What will the effective date of coverage for OPS employees be?

Effective dates of health coverage depend on the point in time you are determined to be eligible.

Following are the earliest possible effective dates:

- Coverage will begin at the earliest for any eligible OPS employee on Jan. 1, 2014
- New hire expected to work 30 hours or more on average per week: the first day of the third month of employment
- OPS employee measured for the new hire measurement period and meets the eligibility requirements: first day of the second month that follows the new hire measurement period
- OPS employee in new hire measurement period experiences an employment status change to at least 30 hours worked per week (PAR required): the first day of the second month following the employment status change or the first day of the second month that follows the new hire measurement period, whichever is earlier
- OPS employee meets the eligibility requirements in the open enrollment measurement period: Jan. 1 of the plan year following the measurement period.

11. Do OPS/variable hour employees have to follow cafeteria plan rules?

Yes. OPS/variable hour employees are required, as cafeteria plan members, to follow all rules of the State Group Insurance Program, including events listed in the QSC Matrix. The Matrix will be revised to account for these employees and their special qualifying events.

**Definitions:**

**New hire measurement period** – the 12-month period beginning on the first day of the first month following an OPS employee’s start date in which the average hours worked weekly will be measured to determine eligibility for coverage.

**Open enrollment measurement period** – the 12-month period from Oct. 3 through the following Oct. 2 in which the average hours worked weekly will be measured to determine eligibility for coverage for the subsequent stability period (plan year).

**Stability period** – the 12-month period following a measurement period during which eligible employees who enroll in health insurance coverage must be covered.

- After the new hire measurement period, coverage can begin as soon as the second month. For example, an employee is hired Jan. 22, 2014. The new hire measurement period is from Feb. 1, 2014 through Jan. 1, 2015. If the employee is determined to be eligible, coverage can begin March 1, 2015 and continue through Feb. 29, 2016, provided she stays employed with the state.
- Following the open enrollment measurement period, the stability period is Jan. 1 through Dec. 31.

1. Who’s eligible?

Employees who work 30 hours per week or more on average over a 12-month period are eligible. “OPS (Other Personal Service) employee” is a term the state uses for variable hour or temporary employees. The following list of employees is an example of those whose work hours will be measured:

- Employees paid from OPS funds, except short-term and seasonal
- Exempt OPS salaried employees
- Employees hired on a temporary basis, unless they are leased from a staffing firm (e.g., Kelly Services)
- Employees paid an hourly wage or stipend who are not considered permanent
- Student workers and graduate assistants
- Adjunct professors
- Leased or contracted employees who are subject to control of the employer as to what is done and how it is to be done (Independent contractors whose work is dictated by the terms of a contract are *not* eligible for coverage through State Group Insurance.)
- Board members
- Fee for service employees
- AmeriCorps volunteers (under review – TBD)

2. What is a seasonal employee and are they eligible?

Seasonal OPS employees are not eligible as new employees; however, if they meet the 30-hour average of hours worked per week at the end of a measurement period, they will be eligible. If such is the case, the agency should consider if the employee is correctly classified as seasonal. The federal definition states that a seasonal employee is one who performs labor on a seasonal basis where, ordinarily, the employment pertains to or is of the kind exclusively performed at certain seasons or periods of the year and which, from its nature, may not be continuous or carried on throughout the year. Employees of educational institutions are not seasonal if their breaks are due to the academic calendar.

3. What is a short-term employee and are they eligible?

Short-term employees are OPS employees who are expected to work 90 days or less. They are not eligible as new employees; however if, in the course of their 90-day employment, they are expected to work longer than 90 days, the agency must complete a PAR to change their status. If the employee is reasonably expected to work the 30-hour average at that time, he is eligible for coverage. Further, if the employee remains employed throughout the new hire measurement period, hours worked as a short-term employee will be added to any other hours worked for the overall average.

4. Will there be People First system changes?

Yes. The first few screens of the PAR will change so that agencies can easily follow the “decision tree” to determine eligibility. New reports will be available to help agencies monitor eligibility. New interface files and mass load templates will be developed to assist with loading hours worked data in People First. Training and instructions will be provided.

5. How are part-time FTE employees impacted?

For the purposes of health insurance coverage *only*, part-time employees who work .75 FTE or higher will be treated as full-time employees, eligible for the full-time employer contribution. For those who work less than .75 FTE, the calculation for the prorated monthly premium based on FTE is unchanged:

1. State contribution x FTE% = calculated state contribution
2. Total contribution - calculated state contribution = employee contribution

There is no measurement requirement for this group of employees if they are strictly FTE; however, if an FTE employee works .75 FTE or less and also works in an OPS position, the FTE and OPS hours must be combined and measured. If the hours equal 30 on average, the employee will be considered full-time and eligible for the full-time employer contribution.

(OPS employees are either eligible full-time employees or they are not eligible at all – there is no part-time.)

6. How will the state determine who is eligible to participate in the upcoming open enrollment?

- We will use a one-time, six-month measurement period to determine eligibility for coverage for all OPS employees working as of April 1, 2013.
  - If they work 30 hours on average or more per week from April 1, 2013, through Oct. 2, 2013, they will be eligible to enroll in coverage during open enrollment with an effective date of Jan. 1, 2014.
  - If they do not work 30 hours or more, eligibility for future coverage will be determined at the end of the next open enrollment measurement period (Oct. 3 through the following Oct. 2.)
- OPS employees hired between April 2, 2013, and Oct. 2, 2013, who are reasonably expected to work 30 hours or more per week will also be eligible to enroll in coverage during open enrollment.
- Employees hired April 2, 2013, and after but not reasonably expected to work 30 hours or more per week will not be eligible during open enrollment to enroll in coverage for Jan. 1, 2014. Eligibility for future coverage will be determined at the end of their 12-month new hire measurement period.

7. What are the premiums for health insurance going to be?

Full-time variable hour (OPS) employees will pay the same premiums as Career Service and equivalent employees, and they will also be eligible to participate in the spouse program.

8. Can these employees enroll in any other plans?

Yes. In addition to health insurance, full-time OPS employees can enroll in the following:

- Basic life (\$25,000); they must pay the monthly \$4.54 premium;
- Dental, vision and the other supplemental insurance plans;
- Dependent care reimbursement account; and
- They are eligible for the state health savings account contribution if they enroll in a health investor health plan.

They are not eligible to enroll in optional life insurance, the medical reimbursement account or the limited purpose medical reimbursement account.

9. Once enrolled, how long do OPS employees get to keep their coverage?

- Health insurance coverage continues for 12 months, as long as they continue working for the state, even if their hours drop below an average of 30.
- Once they have completed their new hire measurement period, eligibility to continue coverage for the subsequent plan year will be determined annually by measuring hours worked during the open enrollment measurement period.
  - If they are determined to be *eligible*, coverage continues without interruption and they will be guaranteed another 12 months of health insurance coverage.
  - If they are determined to be *ineligible*, health insurance will end the last day of the twelfth month of health coverage. All other plans will end at the same time as health insurance, regardless of the number of months they are enrolled.
- If covered OPS employees terminate employment, they are covered through the last day of the month following termination, provided premiums are paid in full. They are eligible to continue health, dental and vision coverage through COBRA if covered at the time of termination. They may also be able to convert other supplemental insurance plans to a private policy by contact the insurance company.

Agencies should plan for a 12-month coverage period for family coverage when establishing annual budgets.

10. Who will pay the premium for OPS coverage?

Employees and employers will make contributions for coverage based on the premium contributions for Career Service employees set forth in the GAA.

During the hiring process, agencies may wish to determine if the OPS candidate is already working at another agency for any potential budgetary impact. A report will be available in People First, but agencies may also wish to ask OPS employees if they work elsewhere. The last agency to hire an employee who puts the employee at 30 or more hours will be the one to which benefits are assigned and will be responsible for the monthly premium.

If the employee leaves the agency to which the benefits are assigned, benefits and the associated health insurance premium will be assigned to the next most recent hiring agency.

11. Will agencies receive additional budget to pay these contributions?

The GAA includes \$24.2 million in reserves, including \$13.7 million in the General Revenue Fund and \$10.5 in trust funds, to provide premium payments for OPS employees enrolled in the State Group Health Insurance.

Funds may be released contingent upon Legislative Budget Commission approval. Strategies are being developed now to determine how the funds will be allocated and administered, dependent on the outcome of Open Enrollment

12. What happens if an OPS employee has coverage and is then determined to be ineligible during their measurement period?

All coverage will terminate at the end of the 12-month health insurance stability period; however, they are eligible to continue health, dental and vision coverage through COBRA if covered at the time of the determination. Eligibility for the subsequent plan year will be measured during the next open enrollment measurement period.

**13. What should agencies be tracking right now?**

If your agency is able to submit timesheets via People First, please be sure OPS employees maintain current timesheets and that they are approved on the last day of the reporting period. To accurately measure OPS employees who work from April 1 through Oct. 2, 2013, and mail open enrollment packages timely, all OPS timesheets will need to be submitted and approved by 5 p.m. Eastern Time on Oct. 4, 2013.

If your agency is unable to submit OPS timesheets via People First, please continue to capture hours worked. A mass load template will be provided for you to submit hours to People First. Date and template are forthcoming.

Also record any OPS employee hired on or after April 2, 2013 through Oct. 2, 2013. Any employee who is reasonably expected to work an average of 30 or more hours per week will be offered coverage during Open Enrollment.

Reminder: hours will be combined and averaged for employees who work in more than one OPS/variable hour position with the state and if they work in OPS/variable employment and a part-time FTE position.

**14. When is an employee considered a new hire?**

- First time employed by a state employer (list of employers provided to HR offices on May 9, 2013).
- If an employee is off payroll for more than 26 weeks or if the length of termination before rehire by a state employer is greater than 26 weeks, then the employee is treated as a new hire.
- If the employee's period of termination is between 4 and 26 weeks long *and* the break is longer than the period of time the employee worked, then the employee is a new hire if rehired.
  - For example, the employee terminates employment after working 7 weeks for an agency. If he begins working for another state employer 8 weeks after his employment ended, he is treated as a new hire.
  - If, however, the employee begins working for another state employer within the next 7 weeks, he is treated as if he never left and the hours not worked are included in the overall average.

OPS employees who are not considered new hires and return to employment pick up where they left off in their measurement and stability periods. If they were covered under insurance at the time they terminated, they will be re-enrolled automatically.

**15. How will eligibility for OPS employees be determined?**

- See #6 above. Employees hired Oct. 3, 2013 and after who are reasonably expected to work 30 hours or more per week on average, are eligible for coverage.
- If they are not reasonably expected to work 30 hours or more per week on average at the point of hire, they will be measured at the end of their new hire measurement period and then thereafter in the open enrollment measurement period.

**16. What if an OPS employee's hours increase from less than 30 to more than 30?**

- If the OPS employee is in the new hire measurement period and his hours increase to reasonably be expected to work an average of 30 hours per week or more, he is eligible for coverage.
- If the OPS employee's hours increase any time outside of the new hire measurement period, eligibility will be determined in the next measurement period.

17. Are there special rules for employees of universities and other educational institutions?  
Yes. These OPS employees will be credited with up to 501 hours of service if they are on an academic break (e.g., summer break) greater than four weeks. Academic employers must complete a PAR for LWOP – Academic Break.
18. Will the current Qualifying Status Change (QSC) event matrix apply to OPS/variable hour employees?  
Yes. OPS/variable hour employees are required, as cafeteria plan members, to follow all rules of the State Group Insurance Program, including events listed in the QSC Matrix. The Matrix will be revised to account for these employees and their special qualifying events.
19. What will the effective date of coverage for OPS employees be?  
Effective dates of health coverage depend on the point in time the employee is determined to be eligible. Following are the earliest possible effective dates:
- Coverage will begin at the earliest for any eligible OPS employee on Jan. 1, 2014
  - New hire expected to work 30 hours or more on average per week: the first day of the third month of employment
  - OPS employee measured for the new hire measurement period and meets the eligibility requirements: first day of the second month that follows the new hire measurement period
  - OPS employee in new hire measurement period experiences an employment status change to at least 30 hours worked per week (PAR required): the first day of the second month following the employment status change or the first day of the second month that follows the new hire measurement period, whichever is earlier
  - OPS employee meets the eligibility requirements in the open enrollment measurement period: Jan. 1 of the plan year following the measurement period.



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## **MANAGEMENT ADVISORY #13-005**

**DATE:** September 3, 2013  
**TO:** Agency and University Personnel Offices  
**FROM:** Suzetta Furlong, Chief  
**SUBJECT:** Marketplace Notices

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### **Current Employees**

Federal law requires employers to mail notices to all active employees by October 1, 2013 regarding new health insurance marketplace coverage options. State Group Insurance will oversee the mailing of the [Marketplace Notice](#) to the more than 200,000 current employees. Notices will be mailed in waves beginning September 5.

### **New Hires**

Starting with employees hired on and after September 27, 2013, agency and university personnel offices must include the [Marketplace Notice](#) in their new employee orientation for all employees, regardless of eligibility for State Group Insurance.

Personnel offices should document the process for sharing the [Marketplace Notice](#) with employees, which must include, at a minimum:

1. Providing the document in hard copy to each employee; and
2. Verbally advising the employee that the [Marketplace Notice](#) is available in their new employee packet.

The [Marketplace Notice](#) may be printed two sided in black and white and is available in the 2013 section of Management Advisories.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## **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 Oct. 2013 for coverage starting as early as Jan. 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 coverage offered by your employer, please visit [myFlorida.com/myBenefits](http://myFlorida.com/myBenefits) or call People First at 1-866-663-4735, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

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.

<sup>1</sup> 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)

## 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.

<b>3. Employer Name</b> State of Florida	<b>4. Employer Identification Number (EIN)</b> 59-3458983	
<b>5. Employer Address</b> PO Box 5450	<b>6. Employer Phone Number</b> 1-850-921-4600	
<b>7. City</b> Tallahassee	<b>8. State</b> Florida	<b>9. ZIP Code</b> 32314
<b>10. Who can we contact about employee health coverage at this job?</b> People First Service Center, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.		
<b>11. Phone Number (if different from above)</b> 1-866-663-4735	<b>12. Email Address</b> N/A	

Part-time and full-time employees as defined in Section 110.123(2)(c) and (f), Florida Statutes, are eligible for health coverage under the State Group Insurance Program. Pursuant to this statute, you may become eligible for health coverage if you work an average of 30 hours or more each week over the defined measurement period. If you become eligible following the measurement period, you will be notified.

For details regarding the Program's terms of eligibility, including exceptions and dependent coverage, see the Benefits Guide for a summary program description at [myFlorida.com/myBenefits](http://myFlorida.com/myBenefits).

Health plans offered under the Program meet the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. 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.