Harrison County Government
Harrison County, Indiana

2026 Election To Participate Form

Employee Name: _____

Date of Birth: _____ Social Security #: _____

Employee Address: _____

As an eligible employee of the above plan, I acknowledge that I have received a Summary Plan Description. I have read the Summary Plan Description and understand the benefits available to me as well as the other rights and obligations which I have under the plan.

In accordance with my rights under the Plan, I elect the following benefits and designate the following amounts for each benefit I have selected for the plan year specified above. The employer and I agree that my cash compensation will be redirected by the amounts set forth below for each pay period and plan year (or during such portion of the year as remains after the date of this agreement).

ELECTION OF BENEFITS

On the appropriate benefit enrollment form(s), I have enrolled for certain Insurance coverages. I elect to receive the following coverage under the Cafeteria Plan (Employee Contributions are based on 24 deductions per year):

Medical Enrollment

Please (✓) your selections.

Anthem $1,000 PPO Core Plan

In-Network Benefits
Single/Family
$1,000/$2,000 Deductible
$3,000/$6,000 Out of Pocket
$30- Primary Care Copay
$30- Specialist
20% after ded.- In/Out patient Facility

20% after ded.- In/Outpatient Professional
$200- ER Copay
$75- Urgent Care Copay

Prescription Coverage
$10/$25/$40

Rates Per Pay

Employee	$25.57
Employee/Spouse	$53.69
Employee/Child(ren)	$46.02
Family	$81.60

Plan Election (Please Check)

☐ Core

Tier Election (Please Check)

☐ Employee
☐ Employee/Spouse
☐ Employee/Child(ren)
☐ Family

Anthem $500 PPO Buy Up Plan

In-Network Benefits
Single/Family
$500/$1,000 Deductible
$1,500/$3,000 Out of Pocket
$25- Primary Care Copay
$25- Specialist
20% after ded.- In/Out patient Facility

20% after ded.- In/Outpatient Professional
$200- ER Copay
$75- Urgent Care Copay

Prescription Coverage
$10/$20/$30

Rates Per Pay

Employee	$62.56
Employee/Spouse	$131.36
Employee/Child(ren)	$112.60
Family	$199.65

Plan Election (Please Check)

☐ Buy-Up

Tier Election (Please Check)

☐ Employee
☐ Employee/Spouse
☐ Employee/Child(ren)
☐ Family

Waive (Opt-Out)

☐ Medical Insurance

Reason for waiver

☐ Covered by spouse
☐ Other_____

Other insurance information

Indicate if you are covered by other insurance, Medicare or Medicaid. If yes, provide requested information below.

Other Insurance

☐ Yes
☐ No

Carrier Details

Carrier Name/Policy # _____
Start/End Dates _____

Harrison County Government
Harrison County, Indiana

2026 Election To Participate Form (continued)
Dental and Vision Enrollment

Anthem Dental Plan In Network/Out of Network		
Individual Deductible	$25	$25
Family Deductible	$75	$75
Annual Plan Max	$1,000	$1,000
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Pero/Endo	50%	50%
Ortho	50%	50%
Ortho Lifetime Max	$1,000	$1,000

Employee Cost Per Pay

☐ Employee	$13.60
☐ Employee + Spouse	$30.18
☐ Employee + Child(ren)	$39.57
☐ Family	$56.16

☐ Waive

Anthem Vision Plan In Network Benefits	
Eye Exam	$20 Copay
Eye Exam Frequency	12 months
Eyeglasses Frames	$130 retail
Frames Frequency	12 months
Eyeglasses	
Single	$20 copay
Bifocal	$20 copay
Trifocal	$20 copay
Contact Lenses (in lieu of eyeglasses)	$130 retail
Lense Frequency	12 months

Employee Cost Per Pay

☐ Employee	$5.22
☐ Employee + Spouse	$9.40
☐ Employee + Child(ren)	$9.40
☐ Family	$15.11

☐ Waive

Please list dependents to be covered under the Harrison County Government Benefit Plan by providing the information in the appropriate box below. If additional space is needed, please print additional copies.

Name of Dependent to be Covered	Relationship	Sex	Social Security #	Birthdate	Medical	Dental	Vision
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Please list dependents to be dropped under the Harrison County Government Benefit Plan by providing the information in the appropriate box below. If additional space is needed, please print additional copies.

Name of Dependent to be Dropped	Relationship	Sex	Social Security #	Birthdate	Medical	Dental	Vision
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Section 125 (Pre-Tax)

All contributions for medical, dental and vision will be pre-taxed unless this benefit is waived by checking the box below. I understand that all benefit elections under the Section 125 are irrevocable until 12/31/2026 unless I have a qualifying event (lifestyle change). Please refer to your Summary Plan Description for more information. All rates listed above are bi-weekly rates.

☐ I waive the pre-taxed benefit under the Section 125 plan.

2026 Election To Participate Form (continued)

I understand that my elections are for the plan year commencing January 1, 2026 and that my elections may be changed only during open enrollment each year.

If you are declining enrollment for yourself or your dependents (Including your spouse) because of other health Insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, If you have any new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

OTHER TERMS AND CONDITIONS
I understand that:

- It is my responsibility to notify my employer of any other medical coverage I have.
- I cannot change or revoke any of my elections or this compensation redirection agreement at any time during the plan year unless I have a change in family status (Including marriage, divorce, death of a spouse or child, birth or adoption of a chlid, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full time to part time or from part time to full time, my spouse or I taking an unpaid leave of absence, a substantial change in my family's health coverage due to a change in my spouse's employer-sponsored health coverage, or such other events as the Plan Administrator determined will permit a change or revocation on an election).
- The plan Administrator may redirect or cancel my compensation redirection or otherwise modify this agreement in the event he believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.
- The redirection in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefits programs maintained by my Employer.
- If my required contributions to pay premiums for the elected benefits are increased or decreased while this agreement remains In effect, my compensation redirection will automatically be adjusted to reflect that increase or decrease.
- Prior to the first day of each plan year I will be offered the opportunity to change my benefit elections for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my benefit elections then in effect for the new plan year. In addition, this compensation redirection agreement will continue by its terms in the amount of the required contribution for the benefit option.

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S CAFETERIA PLAN, AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDIRECTION AGREEMENT RELATING TO SUCH PLAN.

_____ _____
Employee Signature Date

_____ _____
Accepted and agreed to by the Employer's Authorized Representative Date

ELECTION FORM FOR THE FLEXIBLE BENEFIT PLAN
PREMIUM ONLY PLAN (POP PLAN)

Employer _____ Employee Name _____

Social Security # _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ E-mail (recommend) _____

AGREEMENT TO SAVE TAXES ON QUALIFIED INSURANCE PREMIUMS/ OR HSA DEDUCTIONS

☐ YES On the appropriate benefit enrollment form, I have enrolled in certain qualified employer-sponsored insurance benefits (i. e. health, dental, vision or other qualified insurance, HSA Contributions, etc.) I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

☐ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as participant.

My employer and I agree that my taxable income will be reduced during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis, I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each Plan Year, I will be offered the opportunity to change my benefit election for the upcoming Plan Year. I acknowledge that I have received, read and understand the Summary Plan Description. I have also read and understand the Important Information provided with enrollment materials.

Employee Signature: _____ Date _____

TO BE COMPLETED BY EMPLOYER

Employee # _____ Plan year start (mm/dd/yy) ___/___/___ and end ___/___/___

Dept. _____ First payroll start date ___/___/___ Pay Cycle _____

Benefit Marketing Solutions LLC
P.O. Box 43653 Louisville, KY 40253-0653
(502) 244-1161 (800) 919-BMSI FAX (502) 244-1162
Employee Website: www.bmslle.net

Important Notice from

HARRISON COUNTY GOVERNMENT

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 Harrison County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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:

1. 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.
2. Anthem has determined that the prescription drug coverage offered by the Harrison County Government medical plan 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 Anthem coverage will not be affected. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Anthem coverage, be aware that you and your dependents will be able to get this coverage back during the annual open enrollment period.

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 Harrison County Government 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 person listed below for further information 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 Harrison County Government's group health 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
- 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, 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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/1/2025

Name of Entity/Sender: Harrison County Government

Address: 245 Atwood, Suite 211, Corydon, IN 47112

Harrison County Government
2026 Open Enrollment

The employee benefits open enrollment period will run from October 13th through October 31st 2025 to provide enrollment forms to Stacy Cooper.
Please contact Stacy at 812-738-8241 with any questions.

There are no changes to benefits for the 2026 plan year.

- Medical Insurance - Will continue to be offered through Anthem with 2 PPO Plan designs available! There is a slight increase to premiums, but Harrison County has absorbed the majority of the increase to limit the impact on your paycheck. Please see rates to the right.
- Dental & Vision Insurance - Will remain with Anthem. There is no change to vision rates, but a slight increase to dental.
- During open enrollment, you can enroll in medical, dental, and vision coverages. Employees who are currently enrolled can make changes to their existing coverage such as adding or dropping a dependent and adding additional benefits. Changes will be effective January 1, 2026.

$1,000 PPO CORE PLAN	
Employee	$25.57
Employee + Spouse	$53.69
Employee + Child(ren)	$46.02
Family	$81.60

$500 PPO BUY UP PLAN	
Employee	$62.56
Employee + Spouse	$131.36
Employee + Child(ren)	$112.60
Family	$199.65

DENTAL	
Employee	$13.60
Employee + Spouse	$30.18
Employee + Child(ren)	$39.57
Family	$56.16

VISION	
Employee	$5.22
Employee + Spouse	$9.40
Employee + Child(ren)	$9.40
Family	$15.11

Open Enrollment will take place:

October 13th- October 31st, 2025

Shepherd INSURANCE

Shepherd INSURANCE

Compliance Notice

Plan Administrator/HR Contact Information

Plan Administrator/HR Contact Information: Stacy Cooper
Plan Administrator/HR Contact Phone Number: 812.738.8214
Plan Administrator/HR Contact Email: scooper@harrisoncounty.in.gov

Notice of HIPAA Special Enrollment Rights

You have the right to request special enrollment (outside of the plan's annual enrollment period) for yourself and your eligible dependents (including your spouse) under certain circumstances, as described below.

If you decline enrollment for yourself or for an eligible dependent while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or coverage under a state children's health insurance program, or when you and/or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program or within 60 days after the determination of eligibility
for assistance.

If you would like more information on your special enrollment rights or need to request enrollment, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to health care 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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Any benefits payable will be subject to the same deductibles, coinsurance and other provisions applicable to other surgical and medical benefits provided under the plan. Please see your Summary of Benefits and Coverage (SBC) or other plan materials for your medical and surgical deductible and coinsurance information.

If you would like more information on WHCRA benefits, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Note, more generous lengths of stay may apply under certain state laws, when applicable. In such cases, please refer to plan documents for a description of these richer guidelines.

If you would like more information on the NMHPA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Patient Protections and Selection of Providers

Designation of a Primary Care Provider (PCP) - If the health plan in which you are enrolled (or enrolling) requires the designation of a primary care provider (or "PCP"), you have the right to designate any PCP who participates in the plan's provider network and who is available to accept you or your family members. For children, you may designate a participating pediatrician as the PCP. For information on how to select a PCP, and for a list of the participating primary care providers, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Direct Access to Obstetrics and/or Gynecological Specialists - If the health plan in which you are enrolled (or enrolling) requires referrals to see specialists, you do not need prior authorization to obtain access to obstetrical and/or gynecological care from a health care professional in the plan's network who specializes in obstetrics or gynecology. Please note, however, the health care professional, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Availability of Plan's Notice of Privacy Practices (NPP)

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the plan's behalf, called Protected Health Information ("PHI") and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information. The privacy policies are described in more detail in the plan's Notice of Privacy Practices (NPP). The NPP describes how medical information about you may be used and/or disclosed and how you can get access to this information. If you would like a copy of the Notice of Privacy Practices, please contact Human Resources and/or the Plan Administrator, see page see the Notices Title page for contact information. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Continuation of Coverage under COBRA

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employers who employ 20 or more employees are subject to the continuation provisions of COBRA.

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain"qualifying events",such as termination of employment (for reasons other than gross misconduct), reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. 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 group health plan coverage is lost because of a COBRA qualifying event. Upon termination, or other COBRA qualifying event, all qualified beneficiaries will receive COBRA election information.

In addition, you may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual health 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.

After your initial enrollment in our group health plan(s),you, and any other members of your family who you also enroll in coverage, will receive a COBRAInitial(orGeneral)Notice that will explain your COBRA rights and responsibilities. Please read it carefully.

For more information about your rights and obligations, you should review the plan's Summary Plan Description or contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Coverage While on FMLA Leave

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

If you take Family and Medical Leave Act (FMLA) leave, we will continue to maintain your coverage to the extent required by the FMLA (that is, we will continue to pay our share of the premiums to the extent that you opt to continue coverage). If your coverage ceases during the FMLA leave (for example, because you opted not to continue coverage or due to nonpayment of your share of the health insurance premiums), you may resume your coverage upon return from FMLA leave on the same terms as before the leave was taken, or as otherwise required by the FMLA. Under special rules that apply if an employee does not return to work at the end of an FMLA leave, you may be entitled to elect COBRA even if you were not covered under the plan during the leave. Contact Human Resources and/or the Plan Administrator for more information about your rights and responsibilities under the FMLA, see the Notices Title page for contact information.

Continuation of Coverage under USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including your spouse) for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights under USERRA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask employees NOT to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Marketplace (Exchange) Notice PART A: General Information

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

What is the Health Insurance Marketplace (Exchange)?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

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

Does My Employer's 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 and a reduction in plan cost-sharing if your employer a) does not offer coverage to you at all or b) does not offer coverage that meets certain standards. Specifically, if your cost for SELF-ONLY coverage on a plan offered to you by your employer is more than 9.5%1of your annual household income for the year, OR if the coverage your employer provides does not meet the "Minimum Value (MV) Standard" set by the Affordable Care Act, you may be eligible for a tax credit.

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

When can I enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts each Nov. 1 and continues through at least Dec. 15. Certain events may also trigger a midyear Special Enrollment Period, such as when getting married, having a baby, or adopting a child, or losing eligibility for other health coverage, including Medicaid and CHIP. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

How can I get more information?

For more information about your coverage offered by your employer, please check your coverage materials or contact Human Resources and/or the Plan Administrator, see Notices Title page for contact information. The Marketplace or a licensed insurance broker can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov to find more information.

1 Indexed annually, see https://www.irs.gov/pub/irs-drop

2 An employer-sponsored health plan meets the "Minimum Value (MV) 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 and meets other requirements.

PART B: General Information

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Harrison County Government		4. Employer Identification Number 35/6000153
5. Employer address 245 Atwood Suite 211		6. Employer phone number 812-738-8241
7. City Corydon	8. State IN	9. Zip code 47112
10. Who can we contact about employee health coverage at this job? Stacy Cooper 11. Phone number (if different from above)		
	12. Email address Scooper@harrisoncounty.in.gov	

Here is some basic information about health coverage we offer:

As your employer, we offer a health plan to:
Full-time employees working 30 hours or more per week

With respect to dependents:
Spouses and Dependent Children

[X] If checked, this coverage meets the minimum value standard and the cost of this coverage is intended to be affordable for most or all full-time employees under one of the §4980H Affordability Safe Harbors.

** 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. You may need to get information from your employer, about their coverage, in order to find out if you qualify for a tax credit to lower your monthly premiums.