

ECKER TEXTILES

New Hire Enrollment Guide

BENEFITS FOR THE 2025-2026 PLAN YEAR

SCAN TO ENROLL



Please contact the **Ecker Textiles Benefits Service Center** at **866-748-6664** or access **eckertex.zevobenefits.com** to enroll in your benefits as a new hire.

INTRODUCTION

This guide provides an overview of Ecker Textile’s 2025-2026 benefits offerings and the Enrollment process. You’ll find important benefits resources and contact information throughout the guide.

New Hire Benefit elections will go into effect the 1st of the month following 60 days of employment.

Contact the Ecker Textiles Benefits Service Center year round for assistance with your benefits.



ECKER TEXTILES

Ecker Textiles Benefits Service Center
866-748-6664
help@eckertexbenefits.com

Monday - Thursday: 8am - 6pm EST, Friday: 8am - 5pm EST

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How to Enroll

Benefits Enrollment – Online or By Phone

ENROLL ONLINE

Step 1:

Visit [Eckertex.zevobenefits.com](https://eckertex.zevobenefits.com) to access your enrollment.

Step 2:

First-time users: Click on “Get Started Now” and enter your personal information to create your account.

Step 3:

Once you’ve logged in, you’ll be able to complete your enrollment by clicking “Begin Enrollment” and following the prompts.

ENROLL BY PHONE

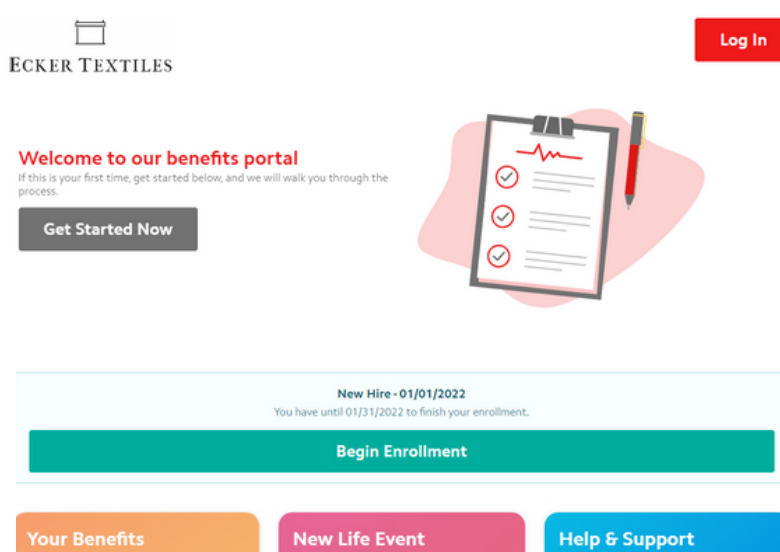
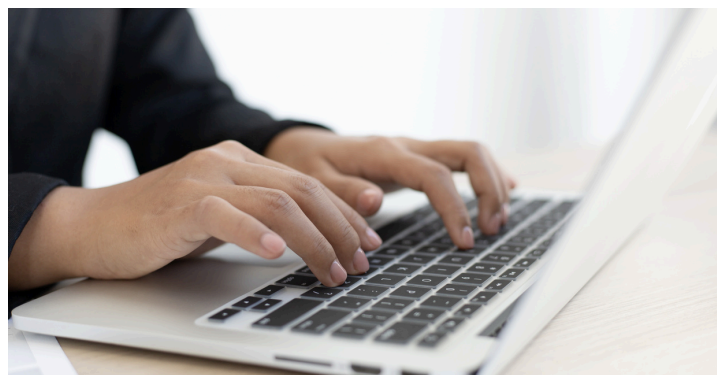
Call the Ecker Textiles Benefits Service Center at **866-748-6664** to complete your enrollment by phone. You’ll speak with a Benefits Specialist who will confirm your personal information, review your plan options, and submit your elections.

Eligible Dependents

Eligible dependents include legal spouses and children up to age 26, which encompasses biological, adopted, stepchildren, and children under legal guardianship. Children over age 26 who are unable to support themselves due to a physical or mental disability are also eligible.

General Enrollment Notes

You will receive a Confirmation Statement via email at the end of your enrollment. Complete and submit your elections by phone or via self-service online prior to your effective date. New Hire Benefit elections will go into effect on the 1st of the month following 60 days of employment.





Medical

Ecker Textiles is proud to offer three medical plans administered by **Crumdale Integrated Health**. Crumdale offers excellent customer care and utilizes the **Cigna network** of providers. You may choose between three plans listed below.

The **HDHP 2000 plan** is a High Deductible Health Plan (HDHP) which qualifies participants to contribute to a Health Savings Account (HSA). If you elect the HDHP plan, you are not required to open or contribute to a Health Savings Account (HSA), however, those who do contribute to an HSA will reduce their taxable income and be able to pay for medical, dental, vision, and prescription expenses federal income-tax-free.

This plan has the lowest premiums and highest Deductible. All services, including pharmacy, are subject to the Deductible and coinsurance, and there are no copays with this plan.

The **PPO 3000 plan** offers a flat co-pay for services like Primary Care, Urgent Care, and Specialty Care visits. For most other services, you are responsible for a Deductible and coinsurance until you meet your out-of-pocket maximum.

The **PPO 1500 plan** offers a flat co-pay for services like Primary Care, Urgent Care, and Specialty Care visits. For most other services, you are responsible for a Deductible. This plan pays 100% of services once your Deductible is met.

Your Crumdale Advocate: Comprehensive Support for Healthcare Benefits

Your Crumdale Advocate is a valuable resource for navigating healthcare benefits. They assist employees with understanding coverage, finding in-network doctors and facilities, and coordinating acceptance with providers before appointments. Advocates also answer questions about prescription drug coverage, help with prior authorization, and guide employees through appeals processes. They can explain medical bills, facilitate payments, and resolve billing issues with providers or health plans. Additionally, advocates coordinate the transfer of medical records and assist with eligibility and benefit inquiries. They also support claim issues and help identify ways to reduce healthcare costs, such as payment plans or prescription coupons, all while serving as a single point of contact for medical and prescription benefit questions.



CALL
(855) 255-7060



TEXT
(855) 255-7060




EMAIL
advocates@crumdalepartners.com

Find a Health Care Provider

Cigna offers access to a large and growing nationwide network. Utilize these steps to locate a provider near you.

- Log in to [myCigna.com](https://mycigna.com) or visit [Cigna.com](https://cigna.com) and click on “Find a Doctor, Dentist, or Facility.” Be sure to select the PPO network.

	HDHP 2000	PPO 3000	PPO 1500
	In-Network	In-Network	In-Network
Plan Structure			
Deductible*	Individual: \$2,000 Family: \$4,000	Individual: \$3,000 Family: \$6,000	Individual: \$1,500 Family: \$3,000
Coinsurance	80%	80%	100%
Out-of-Pocket Max (OOPM)*	Individual: \$5,000 Family: \$10,000	Individual: \$6,750 Family: \$13,500	Individual: \$6,000 Family: \$12,000
Medical Services			
Primary Care/Specialist	Deductible, then 80%	\$20/\$50	\$30/\$60
Inpatient Hospital	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%
Emergency Room	Deductible, then 80%	Deductible, then \$300	Deductible, then \$300
Urgent Care	Deductible, then 80%	\$40 copay	\$40 copay
Prescription Drug Coverage			
Generic	Deductible, then \$10	\$10 copay	\$10 copay
Preferred Brand	Deductible, then \$25	\$25 copay	\$25 copay
Non-preferred Brand	Deductible, then 50%	50% coinsurance	50% coinsurance
Specialty	Deductible, then \$150	\$200	\$200
Bi-weekly Premiums			
Employee	\$31.31	\$49.85	\$52.88
Employee & Spouse	\$84.68	\$135.83	\$144.79
Employee & Child(ren)	\$68.03	\$114.53	\$122.01
Family	\$146.02	\$214.68	\$229.21

Retirement Planning: For those nearing retirement or considering Medicare, it's essential to evaluate how each plan aligns with future healthcare needs. It's important to note that all contributions to an HSA must cease six months before enrolling in Medicare if the individual is Medicare-eligible during that period. Contributions made prior to turning 65 do not affect this requirement.



Provider Guide:




Verifying Benefits for the *CIGNA PPO* Network

Important Instructions for Providers:

- The Ecker Textiles Plan uses the *CIGNA PPO* Network and is administered by Personify Health (Third Party Administrator).
- You **MUST** follow the instructions below to verify benefits with Personify Health.
- **You WILL NOT be able to verify benefits by contacting CIGNA in any capacity.**
- Covered Dependents ARE NOT included on the ID Card. They are covered under the Employee record using the same Member ID.

How to Verify Benefits:

1. **By Phone:** call Personify Health at 985-242-7055
2. **Online Portal:** mycarehc.com/provider

Coverage provided by	Administered by
 CRUMDALE — PARTNERS —	
Member: Jane Smith	Provider Information:
Member ID: 1500xxxxxx	Eligibility & Benefits:
Group: CP1070	www.mycarehc.com
Group Name: Ecker Textiles LLC	Phone: 833-870-2630
Member Benefits:	Precertification: 985-284-3242
In-Network Deductible: \$2,000	Claims Submission:
Out-of-Pocket: \$5,000	Electronic: Payor ID # 62308
MEDICAL NETWORK:	Mail: Cigna
	PO Box 188061
	Chattanooga, TN 37422
	Do Not Contact Cigna to Confirm Eligibility

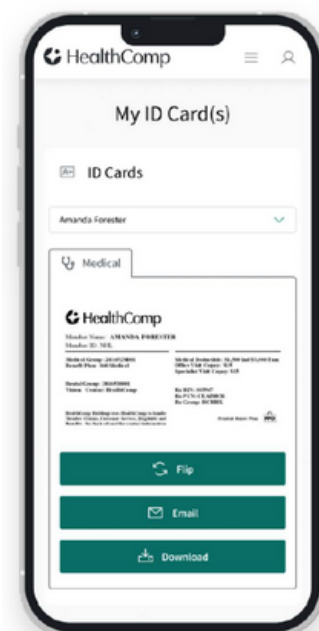
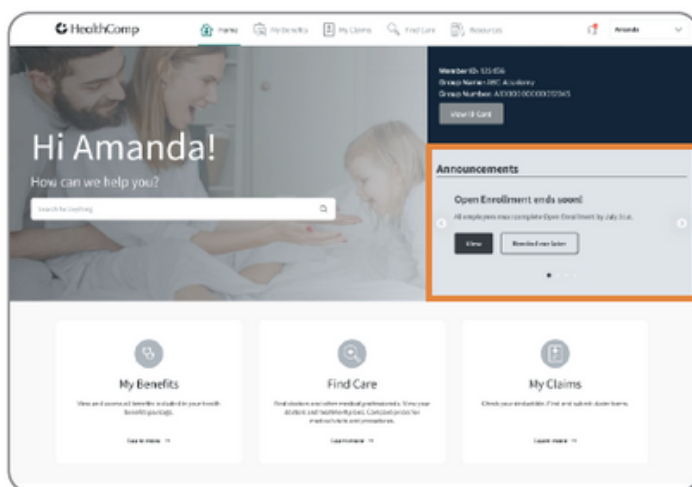


ECKER TEXTILES

Healthcare Management

myCare by HealthComp

With myCare, you have a convenient platform to manage all your healthcare needs in one location. This user-friendly tool allows you to easily track your claims, download your digital ID card, connect with member services, and search for providers.



To get started, visit mycareHC.com to register as a new user on the member portal. For added convenience, download the myCareHC app to manage your information on the go. With myCare, all your healthcare management needs are efficiently handled from a single, accessible platform.

Telemedicine

24/7 On-Demand Care Access

Your Ecker Textiles medical insurance provides you with 24/7 access to U.S. Board Certified, State Licensed Doctors, available 365 days a year. You can consult Primary Care, Pediatric, and Urgent Care doctors via phone, online portal, or mobile app. This service covers a wide range of common conditions, including acid reflux, allergies, asthma, nausea, Bronchitis, cold and flu, infections, rashes, sinus conditions, sore throat, thyroid conditions, UTIs, and more. Best of all, telemedicine services are available at **no cost to you**. For more information or to get started, visit 1.855.6RECURO or www.reкуроhealth.com.



Call 1.855.6RECURO



Visit www.reкуроhealth.com



Download Recuro Health App

Easy, Convenient, Affordable

**24/7/365 Access to U.S. Board
Certified, State Licensed Doctors**

- ➔ **Primary Care**
- ➔ **Pediatrics**
- ➔ **Urgent Care**



Phone
Call



Online
Portal



Mobile
App

Healthcare that makes sense

Type of Visit

Average Cost

Primary Care	\$100
Urgent Care	\$150
Emergency Room	\$1400



RECURO
HEALTH

\$0

2013 Medical Expenditure Panel Survey / MEPS

Common Conditions Treated

- ✓ Acid Reflux
- ✓ Allergies
- ✓ Asthma
- ✓ Nausea
- ✓ Bronchitis
- ✓ Cold & Flu
- ✓ Infections
- ✓ Bladder Infection
- ✓ Rashes
- ✓ Sinus Conditions
- ✓ Sore Throat
- ✓ Thyroid Conditions
- ✓ UTIs
- ✓ And More...



Call 1.855.6RECURO



Visit www.recurohealth.com

Disclaimer: Recuro services are for non-emergency conditions only. Recuro does not replace the primary care physician, services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com



RECURO
HEALTH

customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download



Pharmacy Benefits

Pharmacy Benefit Manager (PBM)

Your Ecker Textiles Medical Plan includes pharmacy benefits managed by WellDyne, offering various options for filling your prescriptions, including Retail Pharmacies, Home Delivery, and Specialty Pharmacies. To help you manage your prescription benefits, the WellView Member Portal provides a range of useful tools.

Getting Started with the WellView Member Portal:

- Visit www.WellDyne.com, click “For Members,” and select “Register Now.”
- Enter your Member ID, name, and date of birth.
- Create a username and password to access your account.
- Update any allergies or health conditions.
- If using Mail Order Pharmacy, provide a payment method (credit, debit, FSA, or HSA card) for quicker processing.



Additionally, you have access to the Franklin Health Patient Assistance Program, which offers a full-service concierge prescription medication advocacy tool. Your personal patient advocate will seek out cost-saving opportunities and, if eligible, secure medications at no cost to you. For more information, visit crumdalepartners.com.

International Pharmacy Program

Your International Pharmacy Program offers access to brand-name medications from pharmacies in New Zealand, Australia, Canada, and the United Kingdom. Your prescriptions are from licensed pharmacies and Good Manufacturing Practices-certified facilities. All medications are brand-name and arrive in their original sealed packaging.

Ordering from the International Pharmacy is easy. Simply call 1-833-710-1994 or email pharmacyservices@crumdalepartners.com. The clinical pharmacy is available Monday through Friday from 8 AM to 5 PM (EST).



Dental



With MetLife, you can see any dentist of your choosing. If you choose a dentist in the MetLife Dental network, you will ensure lower out-of-pocket costs and avoid balance billing. You can locate in-network providers by visiting www.metlife.com/dental and selecting “Find a Participating Dentist” – You can select “PDP Plus” as the network, and follow the search instructions.

Dental Summary of Benefits	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150
Calendar Year Maximum	\$1,000 per person	\$1,000 per person	\$2,000 per person	\$2,000 per person
Preventive Services	100%	100%	100%	100%
Basic Services	50%	50%	90%	90%
Major Services	60%	60%	70%	70%
Orthodontia (dependents up to 19)	No coverage	No coverage	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum
Bi-weekly Premiums				

	Low Plan			High Plan		
Tier	Total Cost	Ecker Textiles Pays	You Pay	Total Cost	Ecker Textiles Pays	You Pay
Employee	\$13.29	\$12.06	\$1.23	\$19.88	\$10.30	\$9.58
Employee & Spouse	\$27.97	\$24.19	\$3.78	\$41.54	\$23.94	\$17.60
Employee & Child(ren)	\$28.65	\$22.91	\$5.74	\$45.65	\$15.52	\$30.13
Family	\$46.17	\$36.56	\$9.61	\$72.08	\$33.93	\$38.15

**Please refer to the Benefit Summary for complete plan details.*



Vision



Ecker Textiles offers vision coverage through MetLife, which allows you to visit any vision provider you choose. Using participating MetLife Vision providers will help you to maximize your benefits and avoid the headache of filing claims yourself. The MetLife Vision plan utilizes the MetLife VSP Choice network. You can find participating In-Network providers by going to www.metlife.com and selecting “Find a Vision Provider.”

Benefits include eye exams, prescription glasses or contacts, frames, and discounts for laser vision correction.

Frequency Limitations: The plan limits each participant to one exam, glass lenses or contacts per 12 months.

Vision Summary of Benefits	In-Network	Out-of-Network
	You Pay	Plan Reimburses You
Exam	\$10 Copay	\$45
Lenses – Either Glasses or Contacts		
Single Vision	\$25 Copay	\$30
Bifocal (Lined) Lenses	\$25 Copay	\$50
Trifocal (Lined) Lenses	\$25 Copay	\$65
Lenticular Lenses	\$25 Copay	\$100
Frame Allowance	Up to \$130, \$150 allowance on featured frames, 20% off any amount paid over allowance	\$70
Costco, Walmart, and Sam’s Club	\$70 allowance	
Contact Lenses Instead of Glasses		
Elective	\$30 allowance	\$105
Necessary	Covered in full after eyewear copay	\$210
Contact Fitting and Evaluation	Covered in full up to two tests within a 2 year period.	Covered in full up to two tests within a 2 year period.
Bi-weekly Premium		
Employee		\$4.33
Employee & Spouse		\$8.68
Employee & Child(ren)		\$7.35
Family		\$12.12

**Please refer to the Benefit Summary for complete plan details.*



Life Insurance



Basic Life Insurance with Accidental Death and Dismemberment (Employer-Paid)

Ecker Textiles provides one times your annual salary (maximum \$200,000) in basic life insurance at no employee cost. This employer paid benefit also includes Accidental Death and Dismemberment (AD&D) coverage. Basic Life benefits provided by Ecker Textiles reduce by 35% at age 65 then 50% at age 70.

Voluntary Life Insurance

You have the option to elect voluntary life insurance to supplement your basic life benefit. Coverage options include:

Employee Coverage: Available in increments of \$10,000, up to 5x your earnings to a maximum of \$500,000.

Spouse Coverage: Available up to 50% of the employee's elected amount, with a minimum benefit of \$5,000 and a maximum benefit of \$100,000. To elect spouse coverage, the employee must also be insured. Rates for spouse coverage are based on the employee's age.

Child Coverage: For children over 6 months, coverage is set at \$10,000 until age 19. Full-time student dependents may be covered up to age 26.

There are no age reductions on voluntary life coverage.

Evidence of Insurability

If you already participate in the Voluntary Life coverage for yourself, your spouse, or your child(ren), you may increase your coverage at this time by **one increment (\$10K)** with **no Evidence of Insurability (EOI) required**. If you chose to increase by more than one increment OR if you are currently not enrolled in the Voluntary Life coverage you will be required to complete an EOI to enroll.. This applies to any tier of coverage.

Accidental Death and Dismemberment (AD&D)

Voluntary coverage includes AD&D, which provides benefits in the event of death or loss of limbs, speech, hearing, and more due to an accident.



Disability



Your paycheck is one of your most valuable assets, and disability coverage helps you protect it. If you were unable to work due to an injury or illness, how would you manage your bills and daily expenses? Disability Insurance offers income protection by covering a portion of your salary, helping you manage out-of-pocket costs and replace lost wages.

Short-Term Disability

Short-Term Disability (STD) insurance provides income protection if you are unable to work due to a non-work-related illness or injury. After a 7-day waiting period, it pays 60% of your base monthly earnings, up to a maximum of \$1,000 per week, for up to 12 weeks. You pay 49% of the Short-Term Disability Premium and Ecker Textiles pays 51%.

Short-Term Disability		
Example: Employee earns \$35,000 annually Benefit Amount: \$1,750 monthly Weekly Benefit: \$404		
Age Band	Rate per \$10 of covered weekly benefit	Bi-weekly Premium
Less than 30	\$0.463	\$8.64
30-34	\$0.488	\$9.10
35-39	\$0.442	\$8.24
40-44	\$0.477	\$8.89
45-49	\$0.582	\$10.85
50-54	\$0.721	\$13.44
55-59	\$0.884	\$16.48
60-64	\$1.047	\$19.52
65+	\$1.257	\$23.44

Long-Term Disability

Long-Term Disability (LTD) Insurance provides financial protection if your disability extends beyond the coverage period of the Short-Term Disability plan. This benefit is fully covered by Ecker Textiles for eligible full-time employees, offering 50% of your pre-disability earnings, up to a maximum of \$7,000 per month. Benefits start after 90 days or the end of your Short-term disability benefit period. The benefit duration is the later of your Normal Social Security Retirement Age or the set period stated in the plan summary.

Pre-Existing Condition Limitation

A pre-existing condition is any illness or injury for which you received medical treatment or took prescribed medication in the 3 months before your insurance coverage or any increase in coverage begins. Benefits, including any increased amounts, will not be paid for a disability caused by a pre-existing condition unless you have been actively at work for at least 12 consecutive months after the coverage or increase takes effect.

Employee Assistance Program (EAP)



Employee Assistance Program through MetLife by TELUS HEALTH®

The Employee Assistance Program (EAP) offers a comprehensive range of support services designed to help you manage life's challenges, both at work and at home. Our Employee Assistance Program, provided by TELUS Health, offers access to experienced counselors who can assist with various aspects of your life, including:

- **Family Matters:** Navigating divorce, caring for an elderly relative, adjusting to life after having a baby.
- **Work Challenges:** Job relocations, building professional relationships, adapting to organizational changes.
- **Financial Guidance:** Budgeting, retirement planning, home buying/selling, and tax-related questions.
- **Legal Assistance:** Help with civil, family, financial, real estate, and estate planning matters.
- **Identity Theft Support:** Prevention tips and personalized recovery assistance if you experience identity theft.
- **Health and Wellness:** Managing anxiety, overcoming depression, improving sleep, and breaking bad habits like smoking.
- **Everyday Life Support:** Assistance with moving, grieving, military family issues, and even advice on caring for a new pet.

Confidential, Convenient Access

You and your eligible household members can receive up to five confidential phone or video consultations per year with licensed counselors. To connect with a counselor, call 1-888-319-7819 anytime, 24/7, and select "Employee Assistance Program" from the menu.

In addition, the program offers online educational tools and resources, accessible through a mobile app. A chat feature allows you to interact with a consultant, whether you're looking for guidance or want to schedule an appointment.

Log in at one.telushealth.com with the username: **metlfeeap** and password: **eap**.



Phone
1-888-319-7819



Web
one.telushealth.com
user name: metlfeeap
password: eap



Mobile App
user name: metlfeeap
password: eap

Premium 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.

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 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 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 January 31, 2024. Contact your State for more information on eligibility –

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website:

<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent.

Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

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.

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 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 on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1 2}

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.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact help@eckertextbenefits.com.

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

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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 November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. 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.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800- 318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details

How Can I Get More Information?

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