



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

Benefits Administrator Memo

#13-04

To: Benefits Administrators
From: State and Local Health Benefits Programs
CC: All OHB
Date: August 29, 2013
Re: Distribution of Affordable Care Act (ACA) Health Insurance Exchange Notice

As indicated in the Health Benefits E-News dated August 1, 2013, the Commonwealth as an employer is required to send all current and newly hired state employees a "New Health Insurance Marketplace Coverage Options and Your Health Coverage" notice on health insurance exchange coverage effective January 1, 2014. In order to comply with the Affordable Care Act (ACA), **all current employees, both those eligible and those NOT eligible for state health care, must receive the notice by October 1, 2013.**

Subsequently, all new employees must receive this notice within 14 days of hire.

The Office of Health Benefits will mail the attached notice to all current state employees eligible for healthcare who have home addresses in the Benefits Eligibility System (BES) as of August 27, 2013. Agencies are responsible for delivering the notice to any other employee. For purposes of this notification requirement, an employee is anyone defined as an employee under the Fair Labor Standards Act which includes wage (P-14) employees and adjunct faculty members.

This notice may be hand delivered, or mailed to employee home addresses by first class mail. In addition, the notice may be sent by email only if one of the following requirements is met:

- **Email is an integral part of an employee's duties:** The notice may be sent electronically to participants who have the ability to effectively access documents furnished in electronic form

at any location where the participant is reasonably expected to perform his or her duties as an employee and with respect to whom access is an integral part of those duties.

- **The employee offers affirmative consent:** The notice may be sent electronically to participants who affirmatively consent to receiving disclosures through electronic media. Prior to consenting the employee must be provided, in electronic or non-electronic form, a clear and conspicuous statement indicating:
 - (1) The types of documents to which the consent would apply;
 - (2) That consent can be withdrawn at any time without charge;
 - (3) The procedures for withdrawing consent and for updating the participant's, beneficiary's or other individual's address for receipt of electronically furnished documents or other information;
 - (4) The right to request and obtain a paper version of an electronically furnished document, including whether the paper version will be provided free of charge; and
 - (5) Any hardware and software requirements for accessing and retaining the documents.

To clarify the statements above, you can provide the attached notice to employees through email, with return receipt requested, as long as they provide a valid consent or until the consent is withdrawn. Please note that each time you make an electronic disclosure the email must indicate the significance of the document provided and must state that the employee can receive a paper copy upon request.

The attached 2-page notice will be posted on the DHRM website under HR Community, Benefits Administration.

Regardless of the delivery method, by October 1, 2013, each Benefits Administrator must complete and send the attached certification form to the Office of Health Benefits by fax or e-mail. It states that the notice has been delivered to employees who were not included in the August 27 BES file and the method used for delivery.

Enclosures:

Notice of "New Health Insurance Marketplace Coverage Options and Your Health Coverage"

Affordable Care Act (ACA) Health Insurance Exchange Notice - Certification of Employee Distribution

**Affordable Care Act (ACA)
Health Insurance Exchange Notice
Certification of Employee Distribution**

Agency Name: _____

Agency/Payroll Group Number: _____

This is to certify that in accordance with the ACA guidelines the Notice of “New Health Insurance Marketplace Coverage Options and Your Health Coverage” was provided to the employees of our agency, who were not identified in the Benefits Eligibility System (BES) as of August 27, 2013.

The notices were provided as follows:

Method:	Quantity:
Hand-Delivered	
First Class Mail	
E-mail with Return Receipt	

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Please complete and fax to the Office of Health Benefits at (804) 371-0231 or scan and send by e-mail to ohb@dhrm.virginia.gov.

Deadline: October 1, 2013