



Covered California
PO BOX 989725
West Sacramento, CA 95798-9725



{EMPLOYER_NAME}
ATTN: Human Resources
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD} {ZIPCODE}

*Your destination for quality
healthcare, including Medi-Cal*

Important Information about Your Employee's Health Insurance Coverage through Covered California

<Notice Date>

Dear Human Resources Manager:

You are getting this notice because the employee(s) on the attached list has been determined eligible for advanced premium tax credit (APTC) and has enrolled in a qualified health plan (QHP) through Covered California.

Employers with at least 50 full-time or full-time-equivalent employees (referred to as "applicable large employers") are subject to the Employer Shared Responsibility provisions under section 4980H of the Internal Revenue Code (26 USC § 4980H). Under these provisions, an applicable large employer that does not offer affordable, minimum value health coverage to its full-time employees (and their dependents) may be subject to an Employer Shared Responsibility payment (assessed by the IRS) if at least one of its full-time employees receives APTC for coverage purchased through a Health Insurance Marketplace.

If {EMPLOYER_NAME} is an applicable large employer, and at least one of your employees receives APTC through Covered California for at least one month during <current year>, the IRS may determine that you must pay an employer shared responsibility payment.

To learn more about the employer shared responsibility provisions, visit <https://www.irs.gov/affordable-care-act/employers/employer-shared-responsibility-provisions>.

For more information about the affordability and minimum value standards, visit <https://www.irs.gov/affordable-care-act/employers/minimum-value-and-affordability>.

You can also contact the IRS at 1-800-829-4933, Option 5, Monday – Friday, 7 a.m. – 7 p.m local time. The call is free.

Important: This is only a notification that {EMPLOYER_NAME} **may** have to pay an employer shared responsibility payment. **Only the IRS can determine whether {EMPLOYER_NAME} will owe an employer shared responsibility payment.**

Remember: Discrimination against an employee who has been determined eligible for APTC and has enrolled in a QHP through the Exchange is prohibited under the Affordable Care Act. The employees who are retaliated against may file a complaint with the Occupational Safety and Health Administration of the United States Department of Labor (OSHA), as specified in 29 USC Section 218c and 29 CFR Sections 1984.102 and 1984.103.

What are your rights?

You have the right to file an appeal with the U.S. Department of Health and Human Services (HHS) if you believe there has been a mistake regarding the employee's eligibility for APTC. If you believe your employee was incorrectly determined eligible for APTC because you offered the employee affordable, minimum value health coverage you have 90 days from the date of this notice to file an appeal with HHS. If you appeal, HHS will consider evidence provided by both you and your employee to determine if the employee is eligible for APTC.

However, filing an appeal will not necessarily affect whether you have to pay an employer shared responsibility payment to the IRS, because the IRS will determine independently whether you have to pay.

For more information about the employer appeal process and to download the employer appeal request form, visit <https://www.healthcare.gov/marketplace-appeals/employer-appeals/>.

You can mail the completed form to:

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0061

This notice was sent to you in compliance with the Affordable Care Act:
California Code of Regulations, Title 10, § 6476(i); 45 Code of Federal Regulations, §155.310(h)

EMPLOYEE LIST

EMPLOYEE NAME	EMPLOYEE DATE OF BIRTH
{Employee_Name}	{Employee DOB}
{Employee_Name}	{Employee DOB}
<u>*Table will expand to hold multiple employee names. Maximum number of names TBD.</u>	