

Office of State Uniform Payroll

Procedure Title: Affordable Care Act Health Insurance Marketplace Notices	Revision Date: 12/05/2022
Unit: Benefits and Financial Administration Unit	Issue Date: 12/01/2017
Contact: _DOA-OSUP-BFA@la.gov	Page Number: 1 of 2

The Federal Health Insurance marketplace open enrollment occurs annually beginning in November. Employers have been required by the United States Department of Labor to provide a Health Insurance Marketplace notice to all new employees at the time of hire since Oct. 1, 2013 (see [Technical Release No. 2013-02](#)). The US DOL has a [model notice](#) available on their website for employers who offer a health plan to some or all employees.

As a reminder, the written Health Insurance Marketplace notice must inform the employee:

1. about the existence of Marketplaces, including a description of the services provided by the Marketplaces and how they can contact Marketplaces to request assistance.
2. that they might be eligible for a premium tax credit if they purchase a qualified health plan through a Marketplace and the employer's share of the total costs of their benefits under the plan is less than 60%.
3. and that they may lose any employer contribution and tax savings towards the cost of employer-sponsored coverage if they purchase a qualified health plan through a Marketplace.

The Office of Group Benefits provided information regarding the [Health Insurance Marketplace](#) that agencies can provide to employees.

In an effort to ensure ACA Subsidy Notices (see the [OSUP ACA Subsidy Notices Procedure](#)) are mailed to the correct location, please make sure the Health Insurance Marketplace information that is being provided to newly hired employees is completed as follows:

Fields 3-9 of Part B, Information About Health Coverage Offered by Your Employer (US DOL model notice), should be completed using OSUP's information; Fields 10-12 should contain the agency's central location contact information.

3. Employer name State of Louisiana - Office of State Uniform Payroll		4. Employer Identification Number (EIN) 72-1447520	
5. Employer address P O Box 94095		6. Employer phone number (225) 219-9434	
7. City Baton Rouge	8. State LA	9. ZIP code 70804-9095	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

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Agencies may be asked by employees to complete the [Employer Coverage Tool](#) form. This should be completed using the same information as the marketplace notice.

Direct questions regarding the minimum value standard and the lowest-cost premiums for employee only and family coverage (questions 13 – 15 on the Employer Coverage Tool form) to the Office of Group Benefits.