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## Health Reimbursement Arrangement

# NOTICE OF PLAN PARTICIPATION

For Coverage Period/Plan Year beginning:

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ allows you to be reimbursed for medical expenses incurred during the coverage period listed above.

Your permitted benefit for 20\_\_\_ is $\_\_\_\_\_\_ if you have self-only coverage or $\_\_\_\_\_ if any members of your family also have coverage. (These amounts are prorated by month if you are not eligible on the first day of the year.) Your permitted benefit applies to medical expenses incurred on or after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your eligibility date).

You are required to inform any Marketplace to which you apply for advance payments of the premium tax credit about the amount of your permitted benefit. The amount of your permitted benefit may affect your eligibility for a premium tax credit and will reduce the amount of the premium tax credit for which you are eligible. You should retain this written notice because it may be needed to calculate the premium tax credit on your individual income tax return.

If you do not have minimum essential coverage for any month, you may be liable for an individual shared responsibility payment under section 5000A of the Internal Revenue Code, and all of the reimbursements you receive under this arrangement for expenses incurred in that month will be includible in your gross income. For a list of examples of plans and arrangements that are minimum essential coverage, you may refer to the Instructions for IRS Form 8965, which are available on the IRS website.

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# ATTESTATION FOR INITIAL PROOF OF MINIMUM ESSENTIAL COVERAGE

For Coverage Period/Plan Year beginning:

*Instructions – Complete the following to provide information on your current health coverage. See the attached as to what coverage is “minimum essential coverage”:*

I am attesting to the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, am covered under the following health coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

The coverage began on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The coverage is “ Minimum Essential Coverage” (MEC).

*Instructions – Also complete the following if a family member’s expenses can be reimbursed from the Arrangement.*

The following family member(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is covered under the following health coverage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The coverage began on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The coverage is “ Minimum Essential Coverage” (MEC).

I hereby affirm that the above information is true and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Types of Minimum Essential Coverage**

“Minimum Essential Coverage” means health care coverage under any of the following programs. It does not, however, include coverage consisting solely of excepted benefits. “Excepted benefits” include standalone vision and dental plans, workers' compensation coverage, and coverage limited to a specified disease or illness.

**Employer-sponsored coverage:**

• Group health insurance coverage for employees under: o A plan or coverage offered in the small or large group market within a state, a plan provided by a governmental employer, such as the Federal Employees Health Benefit program, or a grandfathered health plan offered in a group market.

• A self-insured health plan for employees,

• COBRA coverage,

• Retiree coverage, or

• Coverage under an expatriate health plan for employees and related individuals.

**Individual health coverage:**

• Health insurance purchased directly from an insurance company,

• Health insurance purchased through the Marketplace,

• Health insurance provided through a student health plan,

• Catastrophic coverage, or

• Coverage under an expatriate health plan for nonemployees such as students and missionaries.

**Coverage under government-sponsored programs:**

• Medicare Part A coverage,

• Medicare Advantage plans,

• Most Medicaid coverage,\*

• Children's Health Insurance Program (CHIP) coverage,

• Most types of TRICARE coverage,

• Comprehensive health care programs offered by the Department of Veterans Affairs,

• Health coverage provided to Peace Corps volunteers,

• Department of Defense Nonappropriated Fund Health Benefits Program,

• Refugee Medical Assistance, or

• Coverage through a Basic Health Program (BHP) standard health plan.

**Other coverage:**

• Certain foreign coverage,

• Certain coverage for business owners, or

• Coverage recognized by HHS as minimum essential coverage.\*\*

\*Medicaid programs that provide limited benefits generally don't qualify as minimum essential coverage.

\*\*Plans recognized as minimum essential coverage are listed at: [www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/minimum-essential-coverage.html) Scroll down and click on the link for the list of approved plans.