PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

Employer name: UNLV	**Employer Identification Number (EIN):** 88-6000024	
Employer Address: 4505 S Maryland Pkwy	**Employer phone number** (702)895 - 3504	
City: Las Vegas	**State** NV	**Zip code** 89154
Who can we contact about your employee health coverage at this job? UNLV Human Resources Benefits Department		
Phone number (if different from above): (702)-895-3504	**Email address:** hrebenefits@unlv.edu	

Here is some basic information about health coverage offered by this employer:

1. As your employer, we offer a health plan to employees who meet the eligibility requirements.
For Plan Year 2016, effective July 1, 2015 through June 30, 2016, eligible employees are:

☒ Classified employees are eligible for coverage on the first day of the month following the completion of 60 days of full-time employment.

☒ Academic and Administrative Faculty working at least 50% FTE with the Nevada System of Higher Education are eligible for benefits on the first day of the month concurrent with or following the date of their employment contract.

☒ Professional employees hired under a *Letter of Appointment with Benefits* with the Nevada System of Higher Education are eligible for coverage on the first day of the month following the completion of 60 days of full-time employment. An employee under a *Letter of Appointment with Benefits* is someone who is working at least 50% FTE and whose appointment is equal to or greater than 90 days.

For Plan Year 2016, effective July 1, 2015 through June 30, 2016, eligible employees who work a minimum of 80 hours per month:

☒ Classified employees are eligible for coverage on the first day of the month following the completion of 60 days of full-time employment.

☒ Academic and Administrative Faculty with the Nevada System of Higher Education are eligible for benefits on the first day of the month concurrent with or following the date of their employment contract.

☒ Letter of Appointment with Benefits employees who are employed half-time (minimum of 80 hours per month) or more for a period of 90 consecutive days or more, but less than 12 months are eligible on the first day of the month concurrent with or following 60 calendar days of employment.

With respect to dependents:

☒ We do offer coverage for dependents of eligible employees that are:

- Children (biological, adopted, stepchildren and children of domestic partners) to age 26.
- Related individuals under guardianship or a similar parent/child relationship to age 26.

- Disabled dependents over age 26 with verification of continuous coverage and continuing disability.
- A spouse/domestic partner who does not have *access* to other employer-based coverage--unless that coverage is deemed significantly inferior.

2. Does the PEBP-sponsored medical plans meet the Federal Affordable Minimum Essential coverage (AMEC) (also referred to as the minimum value standard)?

☒ Yes, this coverage meets the AMEC (minimum value standard), and the cost of this coverage to you is intended to be affordable, based on employee wages.

Please note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, Nevadahealthlink.com will guide you through the process. Here's the employer information you will enter when you visit Nevadahealthlink.com to find out if you are eligible for a tax credit to lower your monthly premiums.

Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

1. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)
If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____(mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

2. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 3)	☐ No (STOP and return form to employee)

3. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (do not include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly