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: University of Pennsylvania	**Employer Identification Number (EIN):** *23-1352685*	
Employer Address: 3401 Walnut Street, 527A	**Employer phone number:** (888)736-6236	
City: Philadelphia	**State** PA	**Zip code** 19104
Who can we contact about your employee health coverage at this job?	The Penn Benefits Center	
Phone number (if different from above)	**Email address :** benefits@hr.upenn.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 2020 through June 30, 2021, eligible employees are:

   - Full-time staff and faculty, limited service staff, and staff covered by collective bargaining agreements who works 35-40 hours per week for 9 or 10 months of the fiscal year.
   - Part-time staff member is defined as a person who works between 910 and 1456 hours a year (17.5 - 28 hours per week).
   - Employees who worked an average of 30 or more hours per week during their measurement period

With respect to dependents:

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

- Your spouse
- Your biological and adopted children, and stepchildren, up to the end of the month in which they turn 26. Your spouse's/partner's biological and adopted children are eligible if they meet the age and dependent criteria.
- Your children age 26 or older who are incapable of self-support due to a mental or physical condition that existed prior to age 26 and who were enrolled in your medical plan as dependents prior to age 26.

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, www.healthcare.gov will guide you through the process. Here's the employer information you will enter when you visit healthcare.gov 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. The following items are intentionally left blank. Your employer will complete these items on a personalized basis for you upon your request. To request a personalized copy, please contact the employer at the number listed on page 1.

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)
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 ☐ Monthly

*An employer---sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)