



SEVENTH-DAY
ADVENTIST
CHURCH

Michigan Conference
Headquarters

July 29, 2014

To Pastors, Church Treasurers, and Conference Employees:

September is approaching and we are quickly nearing the end of the 9-month Measurement Period to determine health care. It is our recommendation that each church/institution evaluate all employees working at their respective entities.

As a recap, the Patient Protection and Affordable Care Act ("ACA") is a federal statute that was signed into law on March 23, 2010. *(A packet, explaining the ACA and its impact on the Conference, was mailed to all Michigan Conference churches last October 2013. The letter and accompanying schedules can be viewed at the misda.org website under the Human Resources tab.)*

The ACA implemented a new health care provision. Beginning January 1, 2014, an hourly employee who averages 30 or more hours per week from January 1, 2014 to September 30, 2014 will be eligible for health care beginning January 1, 2015. For new employees hired after January 1, 2014, their Measurement Period began on the first day of employment and carries nine months from that date. Please note that an employee who works for two or more different entities within the Michigan Conference must combine all hours worked when determining the average number of hours per week.

The Administration Period begins after the employee's 9-month Measurement Period has ended and will be three months in length. During this period, the employer must add the newly qualified employee under the health care plan, so that exactly one year from the start date of the Measurement Period, the employee should have health care coverage. For new employees hired after January 1, 2014, their health care must be implemented the following year from the original date of hire.

The employee will have health care coverage for one year. This coverage is guaranteed *even if* the employee's hours dip under 30 hours the following year. If an employee is categorized as "seasonal", meaning if the employee is employed full-time for six months or less, the employee is not eligible for health care.

The Measurement Period evaluation will repeat every year from here forward. Please note that an employee whose Measurement Period began after January 1, 2014 will begin a new Measurement Period for 2015 on January 1, 2015.

Local employees who have health care under a spouse/parent may opt out of receiving Conference health care by signing the enclosed form and mailing the original to the Conference office, along with a photocopy of their current health care card. This form should only be sent to Human Resources when the Measurement Period has ended and the employee has qualified for health care. As an added incentive under the Conference Cafeteria Plan, the local church must contribute \$220.00 per month to the wages of the employee who opts out of the Conference plan. Otherwise, the charge for insuring an employee under the Conference plan is \$810.00 per month. The entity should note as well that should the employee lose their current insurance, they may opt into the Conference plan at anytime, which would, as mentioned, cost the church \$810.00 per month.

While the Human Resources Dept. is available to provide guidance and assistance in this matter, we are relying on each local church/entity to inform our office of any employees who have qualified for health care according to the Measurement Period.

Please direct all questions and comments to the Human Resources Dept. The number is (517) 316-1564 and the email address is lim@misda.org.

We thank you in advance for your patience and cooperation during this inaugural year of implementing the ACA. As always, we count it a privilege to work together in the Lord's work.

Blessings,

Leroy Bruch
Treasurer

Laura Im
Human Resources Director



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Employee Form to Decline HCAP Coverage

Health Care Assistance Plan for Employees of the Seventh-day Adventist Organizations of the North American Division Working in the United States

I understand that I am an employee eligible to participate in the Health Care Assistance Plan for Employees of the Seventh-day Adventist Organizations of the North American Division Working in the United States ("Plan"). By signing this form, I hereby (1) decline coverage under the Plan; and (2) certify to my employer that I have health plan or health insurance coverage from another source, such as a health plan sponsored by the employer of my spouse or parent, or a federal plan, such as Medicare or Medicaid. I have attached proof of such other coverage to this Form.

By declining coverage for myself as an employee, I understand that my spouse and dependent children ("Dependents") are not eligible for coverage under the Plan. I understand that my ability to enroll myself and my Dependents in the Plan at a later date may be restricted to certain time periods, such as (1) an open enrollment period of my employer; and/or (2) the special enrollment periods described in the Plan.

I also acknowledge, represent and agree that:

1. since I am eligible for Plan coverage, my tax dependents and I will not qualify for any federal subsidy (premium tax credit) available for health insurance purchased at a Health Insurance Marketplace (for more information about the Health Insurance Marketplaces, visit www.healthcare.gov);
2. I am signing this form voluntarily and I am not required by my employer or the Plan to sign this form.

Signature: _____

Print Name: _____

Date: _____