Affordable Care Act Benefits Eligible Notice

The Affordable Care Act (ACA) requires employers to offer minimum essential coverage to employees who work 30 hours of service or more per week as determined under applicable ACA regulations. Per your recent appointment at Rice University (“Rice”), you and your eligible dependents are able to participate in one of Rice’s employer-sponsored medical insurance plans. An Affordable Care Act Benefits Election form must be completed with the Benefits Office within 31 days of this change in eligible status. You are required to complete the Benefits Election Form even if you do not wish to enroll in one of Rice’s employer-sponsored medical insurance plans or have coverage elsewhere. It is your responsibility to contact the Benefits Office to complete the Affordable Care Act Benefits Election form.

If a Benefits Election Form is not completed within 31 days of this change in eligible status, you will be automatically enrolled in the Memorial Hermann ACO medical plan. This automatic enrollment is for employee only Memorial Hermann ACO medical coverage. Coverage is effective the first of the month following expiration of the 31-day period after the date of this change in eligible status. You will not be able to enroll in a Rice employer-sponsored medical insurance plan after this initial 31-day enrollment period until the next open enrollment period except in the case of a qualifying change in status. More information on qualifying change in status can be found on the Rice Benefits website. If you enroll in a Rice employer-sponsored medical insurance plan mid-year due to a qualifying change in status, coverage is generally effective on the first of the month coincident with or following the date you request enrollment.

If you later move into a Rice benefits-eligible position, you will have the opportunity at that time to participate in Rice’s other employer-sponsored benefit plans as determined by university policy and the requirements of the various plan documents and insurance policies.

_______________________________________  __________________
Printed Name                                      Date

_______________________________________
Signature

HR 6-24-16