



Employee Appeals Fact Sheet

Why am I receiving this?

MNSure recently determined that you were eligible for discounts on health insurance purchased through the MNSure marketplace, known as advanced premium tax credits or cost-sharing reductions. In order to qualify for these programs, your MNSure application indicated that you were not enrolled in health insurance from your employer, and one of the following:

- you were not offered health coverage by your employer; **or**
- your employer's coverage did not provide minimum value; **or**
- your employer's coverage was not affordable to you.

As a result, your employer may be liable for a tax penalty, depending on the size of the employer and some other factors. Your employer appealed MNSure's determination, and you have the right to be involved in the appeal.

Do I need to respond to the appeal?

You are not required to participate in the appeal. However, if the appeals examiner determines that you did have access to affordable health coverage from your employer that provides minimum value, you may lose the discounts mentioned above. This does not mean you would lose your MNSure health insurance coverage, but it may make that coverage more expensive. If this did happen, you would have the right to ask for a fair hearing by filing your own appeal.

In some cases, your employer will send us enough information to make a decision. However, because your rights could be affected by this appeal, you have the right to participate.

How do I respond to the appeal?

Most employer appeals are resolved without a hearing by reviewing evidence (documents). As stated in the attached letter, you have the right to send evidence. Examples of what you may send are on the next page, although that is not a complete list, and you can send anything you think is relevant. Just be sure to send documents by the deadline on the attached letter.

Also, sometimes the appeals examiner will require a hearing. Hearings are almost always by telephone. You are not required to participate, but your health insurance discounts may be affected by the appeals examiner's decision.

Can I have help with the appeal?

If you participate in the appeal, you can do so on your own, or you can have anyone else help you. That could be an attorney, but it could be anyone of your choosing.

Appeal Evidence Form

You are not required to use this form, but it may help guide you on providing evidence.

Your Name: _____

Employer Name: _____

Docket Number: _____

Please check one or more boxes below to explain why you believe you qualify for health insurance discounts from MNsure.

My employer does not offer health coverage to any employees.

If you have a document that explains this, please attach it.

My employer offers health coverage, but I do not qualify for that coverage because I am a part-time employee.

Please include evidence of your part-time status and, if possible, your employer’s policy for which employees are offered coverage.

My employer offers health coverage, but I do not qualify because of another reason:

Please include the reason above, and attach any information you have on your employer’s policy that makes you ineligible.

My employer offers me coverage, but it does not meet the minimum value standard.¹

If your employer has completed MNsure’s Appendix A, please attach it. The document can be found here: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696D-ENG>. Otherwise, attach any other evidence that the plan does not provide minimum value.

My employer offers me coverage, but it is not affordable to me.

Please provide information and evidence about the projected gross income for your household. Please also attach information about the lowest-cost health plan offered by your employer, including the premium cost for you.

I decided not to enroll in my employer’s coverage, or I missed the deadline to enroll in that coverage.

Note: In some cases, if this applies, you may be ineligible for health insurance discounts.

Another reason [please explain and attach any relevant documents]:

¹ 1 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% of such costs. 26 U.S.C. § 36B(c)(2)(C)(ii).

1-855-366-7873

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការយល់ព្រមឯកសារនេះដោយឥតគិតថ្លៃ សូមទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la`aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0017 (3-13)

Accessible Formats Advisory

MNsure’s Accessibility & Equal Opportunity (AEO) office can provide this information in accessible formats for individuals with disabilities. Additionally, the AEO office can provide information on disability rights and protections to access MNsure programs. The AEO office can be reached via 1-855-3MNSURE (1-855-366-7873) or AEO@MNsured.org.