

Employer Plan Sponsor Eligible Categories of Coverage – Exhibit A

Plan sponsor name _____

HealthFlex # _____ UMC ID # _____

Part 1 – Mandatory Coverage

Employer plan sponsors must offer coverage under the plan to their eligible full-time employees. Full-time is defined by the employer plan sponsor. However, effective January 1, 2016, in accordance with the Affordable Care Act (ACA, i.e., the federal health care reform law), employers with 50 or more full-time equivalent employees (Applicable Large Employers) are required, under the Employer Shared Responsibility Rule, to offer health coverage to any full-time employees working on average 30 or more hours per week and their dependent children (up to age 26) or else pay a penalty if any of those full-time employees or dependent children receives a premium tax credit for health insurance coverage through an exchange. Applicable Large Employers are not required to offer coverage to employees' spouses.

In accordance with the ACA, a plan sponsor's required waiting period cannot exceed 90 days.

Enter length of waiting period: _____ days (insert a number between 0 and 90).

Part 2 – Optional Coverage

Optional coverage refers to the additional categories of eligible individuals to which an employer plan sponsor elects to offer coverage under the plan. Indicate below which optional categories the employer plan sponsor chooses to make eligible for HealthFlex coverage.

- A spouse of eligible full-time employees (lay or clergy) in Part 1
- Dependent children of eligible full-time employees (lay or clergy) in Part 1. (As described in Part 1 above, under the ACA Applicable Large Employers must offer coverage to the dependent children of full-time employees or potentially pay a penalty under the Employer Shared Responsibility Rule.)
- A lay employee whose active service has ended and who has retired pursuant to and under the employer plan sponsor's retirement policy
- A spouse of a retired lay employee
- Dependent children of a retired lay employee
- A surviving spouse of an active lay employee
- Surviving dependent children of an active lay employee
- A surviving spouse of a retired lay employee
- Surviving dependent children of a retired lay employee

Part 3 – Signatures

(Print name of employer plan sponsor) _____ has identified the eligible categories of coverage as indicated above in this *Exhibit A to the HealthFlex Plan Sponsor Adoption Agreement* dated _____ to become effective on _____ and to remain in effect until further notice.

Print name of authorized representative _____ Title _____

Authorized signature _____ Date _____

Accepted by Wespath:

Print name of authorized representative _____ Title _____

Authorized signature _____ Date _____