

St. Mary's County
Government

Benefit Guide

Hourly Employees



Commissioners of St. Mary's County
Department of Human Resources
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Leonardtown, MD 20650
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Eligibility for Health Insurance Coverage

With the passage of the Affordable Care Act (ACA), variable hour employees of St. Mary’s County Government (SMCG) **may**, in some cases, become eligible for employee health insurance coverage.

The ACA defines an employee as a variable hour employee if, based on the facts and circumstances on the employee's start date, an employer cannot determine whether the employee is reasonably expected to work an average of at least 30 hours per week or 130 hours per month. Variable hour employees who average 30 hours of service per week or 130 hours per month are considered full-time employees and are eligible for health insurance.

Initial Measurement Period

The IRS allows employers to adopt lookback measurement periods to determine whether a variable employee is considered a full-time employee and eligible for health insurance.

St. Mary’s County Government has adopted a 12-month lookback period. To determine eligibility for health insurance, a newly hired variable hour employees’ **initial** look back measurement period will begin on the first day of the month following their hire date and will run for 12 months.

Eligible Example:

Hire Date: June 15, 2023

Measurement Period: July 1, 2023, to June 30, 2024

Hours Worked Each Month During Initial Measurement Period												Total Hours
Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
60	140	125	135	155	180	130	90	150	160	145	190	1,660

1,660 hours ÷ 12 months = 138.33 hours per month. The employee is eligible for health insurance coverage because the employee's hours met or exceeded an average of 130 hours per month.

When a variable hour employee becomes eligible for health insurance coverage based on a look back measurement period, the employee remains eligible for coverage for a minimum duration, called a **stability** period.

Continued Eligibility for Health Insurance Coverage for Ongoing Variable Hour Employees

Continued eligibility for health insurance coverage will be determined by using an **Ongoing** annual measurement period of 12 months. **Ongoing** employees are employees who have met their **Initial** measurement period. The **Ongoing** measurement period runs from **April 2nd** to **April 1st**.

If a variable hour employee were to meet the 130 hours per month requirement over the annual 12-month measurement period, he/she would remain covered for the plan year beginning July 1st.

Plan Year July 1 st to June 30 th		
Measurement Period 12 Months	Administrative Period 90 Days	Stability Period 12 Months
April 2 nd – April 1 st	April 2 nd – June 30 th	July 1 st – June 30 th

Mandated Benefits for Variable Hour Employees

Sick and Safe Leave

The Maryland Healthy Working Families Act requires employers with 15 or more employees to provide paid sick and safe leave for certain employees. It also requires that employers who employ 14 or fewer employees provide unpaid sick and safe leave for certain employees.

Hourly employees are awarded forty (40) hours of paid/unpaid sick leave upon hire and at the beginning of each calendar year. The year commences on January 1st and ends on December 31st. Employees must wait 106 days from their date of hire to begin using leave. Unused sick leave may rollover into the next calendar year and employees may accrue no more than 64 hours of sick and safe leave at any time.

Employees will not be paid for any unused sick and safe leave upon termination of employment. If an employee leaves employment and is rehired within 37 weeks of leaving, any earned and unused sick leave that the employee had at the time of separation will be reinstated.

Leave Usage

An employee is allowed to use earned sick and safe leave under the following conditions:

- To care for or treat the employee's mental or physical illness, injury, or condition;
- To obtain preventative medical care for the employee or the employee's family member;
- To care for a family member with a mental or physical illness, injury, or condition'
- For maternity or paternity leave; or
- The absence from work is necessary due to domestic violence, sexual assault, or stalking committed against the employee or the employee's family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3)

for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.

A family member includes a spouse, child, parent, grandparent, grandchild, sibling, a legal ward of an employee, a legal ward of an employee's spouse, or a legal guardian of an employee or the employee's spouse.

Employees are permitted to use earned sick and safe leave in increments in certain amounts established by their employer. Employees are required to give notice of the need to use earned sick and safe leave when it is foreseeable. An employer may deny leave in certain circumstances.

Exceptions

Workers under the age of 18 are exempt from the legislation. Workers who regularly work less than 12 hours a week are also exempt.

Family & Medical Leave (FMLA)

Hourly employees may be eligible for leave under the Family Medical Leave Act (FMLA) if they have been employed for at least 12 months and have worked at least 1,250 hours during the 12 months immediately preceding the start of the leave. The FMLA entitles employees an unpaid leave of absence up to 12 weeks for the following reasons:

- the birth of a child and to bond with the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

For questions about FMLA leave, please contact Cynthia Slattery at 301-475-4200, extension 1110 or via email at Cynthia.Slattery@stmaryscountymd.gov . Please contact the Human Resources Department for more information. For more additional information, please visit: www.dol.gov/whd/fmla.

Worker's Compensation

All County employees are protected for accidental injuries suffered on-the-job, certain job-related occupational diseases, or disabilities, and for loss of life resulting from such injuries. Generally, all medical and hospital expenses for on-the-job injuries and illnesses are covered under Workers' Compensation. If you become injured on the job, immediately report the work-related injury/illness to your supervisor.

Unemployment Compensation

All employees are covered under the Maryland State Unemployment laws and may be eligible for unemployment compensation upon separation or termination from County employment. More details regarding unemployment compensation can be found on the Department of Labor's website: www.dol.gov.

Social Security

All employees are required to participate in the Federal Insurance Contributions Act system known as Social Security. Employees and the County share in the contribution to Social Security in such proportions as mandated by law.

COBRA

Upon separation or other qualifying event, hourly employees and/or their eligible dependents may be entitled to retain their health insurance under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.



St. Mary's County Employee Wellness

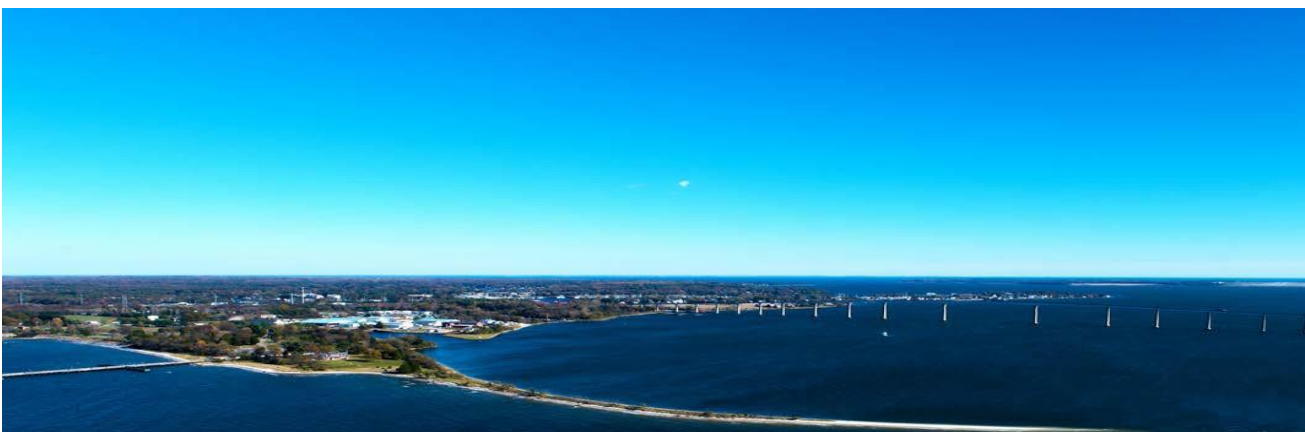
Inspiring a whole and healthy you!

Employee Wellness Program

St. Mary's County Government offers an employee wellness program designed to encourage healthier life- styles through holistic programs focusing on 5 dimensions of well-being: emotional, environmental, financial, physical, and social elements. Together these elements help to inspire a whole and healthy you!

Some offerings include:

- Seated Massage and Reflexology Days
- Free Burnalong Online Health & Well-Being Program for you & up to 4 family members and/or Friends
- Tobacco cessation resources
- Wear Blue for Men's Health Month
- Wear Pink for Breast Cancer Awareness
- Go Red Day for Women's Cardiovascular Health
- Up to 20% discount on St. Mary's County Recreation & Parks various recreational programs
- Fitness Challenges- track your steps and/or fitness minutes. Participate on an individual or a team basis to enjoy weekly prize drawings for logging activity and both team and individual prizes
- Employee Health and Wellness Day- including fitness demonstrations, vaccines, health screenings, free massage and reflexology sessions, raffle prizes and more!
- Friday Fitbit – weekly newsletter provides wellness and safety resources



Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child-care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

Program Access: You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.

Telephonic Assessments & Support: In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.

Short-term Counseling: Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc.

Referrals & Community Resources: Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.

Advantage Legal Assist: Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms.

Advantage Financial Assist: Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e., tax guides, financial calculators, etc.).

Work-life Services: Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.

Child & Elder Care Referrals: Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.

Take the High Road Ride Reimbursement Program: Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of \$45.00 (excludes tips).

Contact Us:

Toll-Free (866) 327-2400

Website: www.deeroakseap.com

Email: eap@deeroaks.com

Annual Notices

HIPAA Notice of Availability of Privacy Practices

St. Mary's County Government Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. The Notice describes the legal obligations of St. Mary's County Government group health plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, the Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.

HIPAA Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Also, you may be entitled to special enrollment rights pursuant to the Children's Health Insurance Program Reauthorization Act of 2009 (the Act) if you or your dependents:

1. Lose coverage under a Medicaid or State Plan; or
2. Become eligible for group health premium assistance under a Medicaid plan or State Plan.

If a special enrollment right is provided pursuant to the Act, you may change your election consistent with such special enrollment right within 60 days if the election is made consistent with the special enrollment.

Waiver of Coverage

If you elect to waive coverage for yourself or your dependents (including your spouse), you acknowledge that you and your spouse and/or dependent child(ren) can only enroll later during an annual Open Enrollment period. An exception to this is if you and your spouse and/or dependent child(ren) are entitled to enroll in accordance with the "Special Enrollment Rights" described above.

To request special enrollment or obtain more information, contact Human Resources.

Coordination of Benefits (COB)

All medical and dental plans contain a "non-duplication of benefits," or Coordination of Benefits (COB), clause to determine which plan pays benefits first. Contact your health plan's Member Services department to confirm your plan's specific COB rules.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Contact Human Resources for more information.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP, to see if your state has a premium assistance program, or for more information on special enrollment rights, contact the U.S. Department of Labor or the U.S. Department of Health and Human Services or the Employee Benefits Security Administration Centers for Medicare & Medicaid Services at 1-866-444-EBSA (3272) 1-877-267- 2323, Menu Option 4, Ext. 61565.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Medicare Part D – Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with St. Mary's County Government and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. St. Mary's County Government has determined that the prescription drug coverage offered by St. Mary's County Government Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 - December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. If you drop your current coverage with St. Mary's County Government and enroll in Medicare prescription drug coverage, you may enroll back into St. Mary's County Government Health Plan during the Open Enrollment period or if you experience a qualifying event. If you do decide to join a Medicare drug plan and drop your current St. Mary's County Government Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with St. Mary's County Government and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) if you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Medicare Part D-Creditable Coverage

For More Information About This Notice or Your Current Prescription Drug Coverage....

For further information contact the Human Resources Department. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through St. Mary's County Government changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

New Health Insurance Marketplace Coverage Options & Your Health Care

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about health coverage offered by your employer, contact Katie Spargo at 301-475-4200, extension 1104. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.marylandhealthconnection.gov. You can also access help through the Maryland Health Connection customer service center by calling 855-642-8572 or 855-642-8573.

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: **Commissioners of St. Mary's County**

EIN: **52-6001015**

Employer Address: **PO Box 653, Leonardtown, MD 20650**

Contact: **Jennifer Earhart, 301-475-4200, extension 1106, Jennifer.earhart@stmaryscountymd.gov**

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: All Employees Some employees.

Eligible employees are: **Full-time and regular part-time employees. Hourly employees who work 30 or more hours per week.**

With respect to dependents: We do offer coverage.

Eligible Dependents: **Spouse (including same sex spouse), children up to age 26, children who are incapable of self-support because of mental or physical incapacity that started before the Dependent child attained age 26.**

If checked, the coverage meets the minimum value standard, and the cost of this coverage to full-time and regular part-time employees is intended to be affordable, based on employee wages.

Even if St. Mary's County Commissioners 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), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.