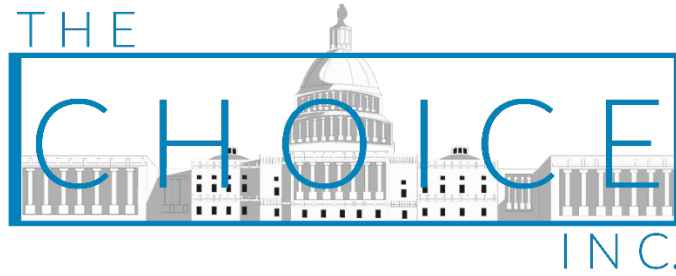


Notice of the Insurance Policy



- The Choice has offered medical coverage to full time employees, according to the Affordable Care Act, since June 1, 2016.
- Using ACA methods, we will determine your full-time status. Any employee who is determined full-time will be offered coverage that costs no more than 9.69% of rate of pay, for employee-only coverage in the lowest cost medical plan offered by The Choice at that time.
- The Choice will reach out with information on their medical coverage offerings once you have reached 60 days on assignment. You can then sign up for coverage with The Choice or submit a waiver if you have coverage outside of The Choice. .
- If you are not eligible for The Choice group health plan or opt to not accept, we recommend that you use the Health Insurance Marketplace in your state of residence.

Information about The Marketplace

The Marketplace is designed to help individuals find, compare, and purchase private health insurance. The Marketplace does not affect your eligibility for coverage in the employer group health plan. Individuals may be eligible for a new kind of tax credit that lowers the monthly premium of coverage purchased in the Marketplace. However, if you are eligible for the employer group health plan, you may not be eligible for a tax credit through the Marketplace if the employer group health plan meets the "minimum value" and "affordability" standards set by the Affordable Care Act. Additionally, if you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution towards coverage. This employer contribution - as well as your employee contribution towards coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage purchased through the Marketplace are made on an after-tax basis.



I have read and understand The Choice Inc.'s policy relevant the provision of health insurance during the calendar year 2018.

Signed: _____

Date: _____