



October 1, 2013

Dear Associate:

We are providing you with the attached notice about the Health Insurance Marketplace (Marketplace) and state exchanges established under the Affordable Care Act (ACA). The ACA requires that we provide this information to all of our associates, including those not currently eligible for Danaher medical coverage.

You are not required to do anything with this notice but it is recommended that you keep it with your other important legal documents.

Our records indicate you are currently a part-time employee working less than 20 hours per week. Because you are not eligible for Danaher medical plan coverage, you have the option to enroll in a Marketplace medical plan. You may qualify for a premium discount depending on your household income. If you qualify, the discount will apply to the amount you would otherwise be required to pay for Marketplace insurance.

Go to HealthCare.gov and see the enclosed Marketplace notice for more information on how to find a plan and apply for coverage.

Enclosed with this letter and the Marketplace Notice are Frequently Asked Questions that give you more information on the ACA, the Health Insurance Marketplace and the individual mandate.

Sincerely,

Danaher Benefits Department

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be 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 2013 for coverage starting as early as January 1, 2014.

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

You may be eligible for a discount on the premiums you would otherwise be required to pay for insurance you buy through the Marketplace—but only if your employer does not offer health coverage to you or offers you health coverage that doesn't meet certain standards. Your household income will determine whether you are eligible for the tax credit that provides this discount on premiums and, if so, the amount of the premium you will be asked to pay.

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

Yes. You generally are **not** eligible for the discounted Marketplace premiums if you are eligible for coverage under your employer's health plan. However, if the coverage your employer offers you does not meet the “minimum value” standards set by the Affordable Care Act¹ or if the amount you must pay to cover yourself (but not any other members of your family) under your employer's plan is more than 9.5% of your household income for the year, you may be eligible for the discounted Marketplace premiums even though you are also eligible for your employer's health plan.

NOTE: Your employer may pay some of the cost of its health plan coverage for employees who enroll in that plan. If so, and if you purchase health insurance through the Marketplace instead of enrolling in your employer's health plan, you will lose your employer's contribution. Also, the employer contribution—as well as your employee contribution to the cost of your employer's health plan—is generally excluded from your income for Federal and State income tax purposes. By contrast, your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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.

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. This information is numbered to correspond to the Marketplace application.

3. Employer name Danaher Corporation		4. Employer Identification Number (EIN) 59-1995548	
5. Employer address 2200 Pennsylvania Avenue NW, Suite 800 W		6. Employer phone number 202-828-0850	
7. City Washington	8. State DC	9. ZIP code 20037	
10. Who can we contact about employee health coverage at this job? MyBenefits Call Center			
11. Phone number (if different from above) 800-964-7985		12. Email address corporatebenefits@danaher.com	

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:
All regular employees working 20 hours or more per week..

- **With respect to dependents:**

- We do offer coverage. Eligible dependents are:
Legal spouses (same and opposite-sex); qualified same-sex domestic partners; children, up to age 26, by birth or adoption; and step-children up to age 26, if the employee is still married to the birth parent.
- We do not offer coverage.

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

** Even if your employer 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 or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. The employer information you'll need when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums begins on page 4.

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PART B: Information About Health Coverage Offered by Your Employer *(continued)*

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)
- No** (STOP and return this form to employee).

Frequently Asked Questions

The Affordable Care Act, Health Insurance Marketplace Notice and Individual Mandate

What is Health Care Reform?

Health care reform, also known as the Affordable Care Act (ACA), the Patient Protection and Affordable Care Act (PPACA) and “Obamacare,” refers to important legislation that was signed into law in 2010. Since 2010, the law has mandated the following changes:

- Coverage for dependents to age 26.
- 100% coverage for preventive care.
- Additional women’s preventive care coverage.
- A cap of \$2,500 per year for contributions to a health care FSA.
- Eliminating over-the-counter medications from the list of eligible FSA expenses.

And on January 1, 2014, a number of important changes will also go into effect, including:

- **Everyone *can* get coverage.** Pre-existing health conditions no longer apply.
- **Everyone *must* get coverage or pay a fine.**
- **No lifetime maximums.**

What is the Health Insurance Marketplace?

The Health Insurance Marketplace allows individuals to shop for and purchase health care coverage. The Marketplace or “exchanges” primarily serve individuals who need to buy insurance on their own because they’re unable to get coverage through their employers.

The ACA requires the Health Insurance Marketplace to do specific things on behalf of Americans:

- Review and certify that the plans they offer meet minimum standards (also called qualified health plans) and rate each plan based on quality and price.
- Maintain a website with tools that allow shoppers to compare cost and quality as well as purchase a plan. They must also operate a toll-free hotline for questions.
- Help insurance plans communicate with buyers in a timely way, in plain language on cost sharing, payments, claims policies/procedures, value and participants’ rights.

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Frequently Asked Questions *(continued)*

When does the Health Insurance Marketplace open?

The Marketplace opens on October 1, 2013, and individuals have until March 31, 2014, to purchase coverage. People who select a plan by the 15th of the month will be covered starting the following month. However, there are special enrollment periods for people to buy through the Health Insurance Marketplace—for example, 60 days after the loss of coverage.

How does the Health Insurance Marketplace affect me?

If you are not eligible for Danaher coverage, you can use the Marketplace to purchase health care coverage.

Why am I receiving the attached notice?

The ACA requires that we notify associates about the new Health Insurance Marketplace. The notice allows us to provide you with information about Danaher coverage. If you decide to apply for coverage through the exchanges, you will need to have this information.

What is the Individual Mandate?

The ACA requires most individuals to have health care coverage by January 1, 2014, or pay a penalty. The Federal Government determines the penalty or “tax” based on an individual’s household income. This penalty is assessed when you file your taxes, and will increase in future years. In 2014, the penalty will be *the greater of*:

- \$95 per person (the penalty for children is half that amount with an overall cap on family payments), or
- 1% of the household’s income.

Is there anyone excluded from paying a penalty under the Individual Mandate?

Yes, individuals who:

- Cannot afford coverage (based on ACA calculations).
- Have income below the federal income tax filing threshold.
- Were uninsured for short coverage gaps of less than three months.
- Reside outside of the U.S. and do not have any possessions in the U.S.

How do I know if I’m eligible for a government credit or subsidy?

To receive premium tax credits, individuals must not be eligible for public coverage—including Medicaid, the Children’s Health Insurance Program, Medicare, or military coverage—and must not have access to “affordable” health insurance through an employer.

Where can I get more information about the Health Insurance Marketplace?

If you think you may be eligible for a credit or subsidy, visit HealthCare.gov or contact the toll-free call center at 800-318-2596. You can also contact the Health Insurance Marketplace in your state.

What do I have to do now?

You need to make sure you have coverage for 2014 if you want to avoid paying a penalty. Other than that, make sure you read through your enrollment materials so you can understand your options and make the best choice for you and your family in the coming year.