PERSONNEL POLICY - 217.00 **HEALTH INSURANCE OPT-OUT**

Full time City of Hagerstown employees who have medical coverage through another source are eligible to participate in the Opt-Out program. The City offers this option in recognition of the needs of our diverse workforce and to provide the maximum flexibility in health care choices and savings to employees, their families and the City.

This alternative allows employees who are covered under another medical insurance plan to opt-out of coverage and receive a cash payment in lieu of benefits. Proof of coverage must be provided by the employee. Employees selecting this option will receive $20.00 per week which will be subject to customary payroll taxes. This amount will be reviewed annually.

With this choice, an employee would Opt-Out for themselves and their eligible dependents. This program applies to medical coverage and the prescription card program. For employees with dependent coverage, Opt-Out is for the employee and family.

Employees in the Opt-Out program may rejoin the City's insurance plan only under the following circumstances:

- if the spouse or child of an employee loses coverage under another group health insurance plan due to non-voluntary termination of employment or death.
- a change in family status (marriage, divorce, birth/adoption of a child, etc.)
- employee retires from City employment due to medical disability prior to open enrollment period.
- during the City's annual benefits open enrollment period.

To elect this option, please sign below and return form to the Human Resource Department.

> Pursuant to the City's OPT-OUT Policy as outlined above, I hereby request that I be allowed to waive coverage from the City's medical plans. I am currently covered by other health care insurance and proof of insurance is attached. I certify that all of my eligible dependents (spouse & children) have medical coverage. I understand that I have 30 days from the date of a qualifying event to enroll in medical coverage or add an eligible dependent; otherwise I must wait until the next open enrollment period.

______________________________ ______________________________
Signature Date

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Please Print Name

Personnel Policy 217.00
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