



COUNTY OF YUBA
HEALTH PLAN COVERAGE WAIVER FORM

The County of Yuba provides its employees with health insurance coverage through the CalPERS Health Insurance Program and has several HMO and PPO health plan options available. County health plan enrollment is not mandatory. Employees who possess other health coverage (other than coverage in the individual market, whether or not obtained through Covered California) may elect to waive the County health plan coverage and earn an "In-Lieu of Premium" incentive or savings, commonly referred to as a "Waiver" or "Opt-out" savings. Acceptable proof of coverage is a group health insurance plan that is a non-Covered California health insurance plan. The amount of the "waiver" depends on the employee's labor contract or memorandum of understanding. This waiver form is to be used by an employee who wishes to waive County provided health coverage and can provide proof of other coverage (not Covered California) for themselves and for all individuals in their expected tax family. Please complete this form and submit it along with confirmation of existing coverage to the Human Resource Department. **This form along with proof of coverage will be required annually for you and all individuals in your expected tax family.**

EMPLOYEE INFORMATION:

Last Name

First Name

Mailing Address

City

Zip Code

EXISTING HEALTH COVERAGE INFORMATION:

I have existing health coverage (not Covered California) and wish to use that coverage to waive the County provided health plan coverage. All individuals in my expected tax family also have existing coverage.

Yes No

Insurer's Name

Group No.

ID No(s).

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS FORM:

I wish to decline the County provided health plan coverage. Health coverage is currently provided for me under another insurance plan (not Covered California). I acknowledge that as a result of this waiver, I forfeit all rights to coverage otherwise available to me under the County health plan. I realize that I will not be able to enroll in a County health plan option until the next open enrollment period. If I cease to be covered by my existing plan outside of open enrollment, I must provide proof that my other health coverage has ended and enroll in the County health plan coverage within 30 days of the qualifying event.

I understand that the information provided above is a requirement if I want to waive the County health plan coverage. I certify that all the information provided by me herein is accurate. I understand that it is solely my responsibility to ensure that the Human Resources Department has received and approved my waiver application. I understand that the waiver form and proof of health coverage will be required annually to qualify for the waiver and that if I don't provide the required documentation I will not receive the "In-Lieu of Premium Savings".

Employee Signature

Print Name

Date

Human Resources Office Use Only

Processing Date

Processed By



COUNTY OF YUBA

HEALTH PLAN COVERAGE WAIVER FACTS

Qualification:

In order to qualify for a County Health plan coverage waiver, an employee must demonstrate that she/he has current health plan coverage elsewhere and provide evidence of such coverage. Acceptable proof of coverage is a group health insurance plan that is a non-Covered California health insurance plan. The employee must also provide evidence of coverage for all individuals in their expected tax family.

Annual Recertification:

Employees receiving the Health Plan Coverage waiver must recertify annually during the County's Open Enrollment period. Recertification consists of the completion of appropriate County forms and evidence of coverage. If the required documentation is not received during this period, the waiver will be discontinued effective January 1 and will not be re-instated until such time the documentation is received.

Premium Incentive Savings (Opt-Out Provision or Waiver):

The premium incentive savings will be paid the first of the month following completion of the County waiver form and monthly thereafter, until the next annual verification period. The premium incentive saving is reported as taxable income for federal and state tax purposes.

Dual Health Plan Coverage Coordination:

If a husband and wife are county of Yuba employees, one may elect to waive health plan coverage. However, if a husband and wife both elect to be covered separately their dependents must be covered under the parent's health plan whose birthday falls first in a calendar year.

Unexpected Loss of Health Plan Coverage:

If an employee's dependent is covered by another health plan and she/he loses that coverage unexpectedly, the employee can enroll his/her dependents in a County health plan option without waiting for the open enrollment period. However, the employee must provide evidence of a loss of coverage within 30 days of losing health plan coverage prior to enrolling his/her dependents.

An employee who has waived coverage may re-enroll with the County health plan coverage prior to an open enrollment period only if:

- A. The individual can demonstrate that they have lost other health coverage **involuntarily**. They must apply within 30 days of losing coverage.
- B. A court has ordered that coverage be provided for a spouse or minor child under a covered employee's health benefit plan. The request for enrollment must be made within 30 days after issuance of the court order.