

IF YOU ARE COVERED UNDER ANOTHER MEDICAL PLAN OUTSIDE OF THE CITY OF BOSTON'S GROUP COVERAGE, YOU MAY WAIVE COVERAGE AND RECEIVE AN ANNUAL OPT-OUT PAYMENT THROUGH YOUR PAYCHECK.

ELIGIBILITY

- To participate, employees must currently be enrolled in medical coverage through the City of Boston and drop the coverage during the Open Enrollment period for at least one year; or your collective bargaining agreement states that you qualify because you had City of Boston health insurance coverage for at least one year during your employment with the City and had previously dropped the coverage.
- Employees are eligible for the payment if they have coverage under another plan. Other plans include:
 - Your spouse's/ partner's plan (as long as he or she is covered by someone other than the City of Boston, Boston Water & Sewer Commission or the Boston Public Health Commission);
 - A private plan;
 - A plan offered through a second employer (if you have another job that provides health care benefits); or
 - A retiree health plan from an employer other than one of the City of Boston groups.

ANNUAL OPT-OUT PAYMENT AMOUNT

- The annual opt-out payment amount is \$1,000.00 or \$1,500.00 annually for waiving an individual health insurance plan or
 - \$1,500.00 or \$2,500.00 annually for waiving a family health insurance plan (whichever applies under your collective bargaining agreement).
- The opt-out payment will be issued as a lump sum in one of your payroll checks.

Please note that amounts you receive under this plan are subject to federal, state, and Medicare taxes.

APPLYING FOR THE ANNUAL OPT-OUT PAYMENT

- The City of Boston wants you to stay on the road to good health. Therefore, if you choose to waive medical plan coverage, you must certify that you have coverage under another medical plan by:
 1. Completing and signing a "Waiver of Health Insurance Coverage" application; and
 2. Providing written documentation of your other coverage on employer or group letterhead signed by an authorized representative of the employer or health insurance group providing the alternative coverage; and
 3. Copy of your marriage certificate or one of your dependent's birth certificate, **if you are applying for the family benefit for the first time.**
- Your "Waiver of Health Insurance Coverage" application is found on the reverse side of this form.
- If your alternative coverage is not effective until after July 1, 2019, you can still choose to waive your City health insurance plan provided that you submit a health insurance waiver application and proof of your alternate coverage on or before June 21, 2019. You must also maintain your City medical plan coverage until your alternative plan becomes effective. Please note that if your alternative coverage is not effective until after July 1, 2019, you will receive a prorated opt-out payment following the effective date of your alternate coverage.

WHEN TO SUBMIT YOUR WAIVER APPLICATION

- All waiver applications must be returned to the Health Benefits Office in Room 807, City Hall by June 21st, 2019

IF YOU WAIVE COVERAGE AND NEED TO REJOIN THE CITY OF BOSTON HEALTH INSURANCE PROGRAM

If you waive coverage and then lose your other coverage during the City of Boston's medical plan year, you can rejoin the plan, but you must:

- Notify the City of Boston within **thirty (30) days** of the date of insurance cancellation;
- Provide verification of loss of coverage; and
- Enroll in a medical plan offered by the City

If you do not enroll in a City health plan within the 30 days, the City of Boston will not be responsible for any medical claims you incur after your loss of other coverage, and you must wait until the next Open Enrollment period to reapply for coverage.

REPAYMENT OF CASH BENEFIT PAYMENT

If you waive coverage, receive your cash benefit, and then rejoin the City of Boston's medical plan at a later date, you must pay back a certain amount of the annual opt-out payment. The amount you pay back will be prorated to reflect the period for which you received payment minus the number of months that you will now be covered by one of the plans offered by the City of Boston.

City of Boston Opt-Out Program FY20

<u>Regular Opt-Out \$1,000 & \$1,500</u>	
<u>Union Name</u>	<u>Union Code</u>
POLICE CADETS	BPC
NON-UNION (EXEMPTS, DEPT. HEADS, ETC.)	CCS - CDH - EXM - EXO - MYG - MYN - MYO - PL1 - PL2
BPS BASAS	BAS
BPS MANAGERIAL EMPLOYEES	BPS
BOSTON TEACHERS UNION	BT1 - BT2 - BT3
BPS SUPERIOR OFFICERS ASSOC.	SPS
HEADMASTERS	HMP
<u>Enhanced Opt-Out \$1,500 & \$2,500</u>	
<u>Union Name</u>	<u>Union Code</u>
AFSCME - CITY WIDE (not 1526)	AFE - AFF - AFG - AFI - AFJ - AFK - AFL - AFM - AFT
AFSCME - COUNCIL 93	ACW - ACP - AFU
AFSCME 1526	AFP
Boston Park Rangers	BPR
BPS ADMINISTRATIVE GUILD	AGU
BPS BUS MONITORS USWA L8751	SBM
BPS CUSTODIAN UNION	SCA
BPS PLANT ADMINISTRATORS ASSOC	PAA
BPS POLICE PATROLMENS ASSOC	SPP
BPS SEIU PLANNING & ENGINEERING	SU7
BOSTON POLICE PATROLMEN'S ASSOC	BPP
BPD SUPERIOR OFFICERS	PSO
BOSTON NEWSPAPER PRESSMAN'S ASSOCIATION	NPP
BOSTON TYPOGRAPHICAL UNION	TGU
DETECTIVES BENEVOLENT SOCIETY / DETECTIVES & SUPERIOR OFFICERS	PDB - PDS
FIRE LOCAL 718	IFF
GRAPHIC ARTS LOCAL 600	GR1
IBEW 103	FEW
LIBRARY PROFESSIONAL STAFF	PSA
MUNICIPAL POLICE PATROLMEN'S ASSOC	MPP
MUNICIPAL POLICE SUPERIOR OFFICERS	MPS
NATIONAL CONFERENCE OF FIREMAN & OILERS	FO2
OPEIU	OPE
SEUI CITYWIDE	SU4
SEIU - DND & BCYF	SU2 (DND) - SU5 (BCYF)
SEIU L888 ELDERLY COMM	SU6
SENA	SE1 - SE2