



# Insurance Waiver & Election to Opt Out

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First (Mo/Day/Year)

A. I herewith acknowledge that I have been offered medical and dental insurance through the Clatsop County employee benefits program and, although I may/may not have other medical and/or dental coverage available to me, I wish to **waive** coverage at this time. By waiving, I understand there may be individual tax implications under the Affordable Care Act (ACA). At this time I elect to waive:

- ☐ Both medical and dental coverage  
☐ Medical only (keep dental coverage)

I further acknowledge that, if enrolled in the county's dental insurance plan, I will remain responsible for the employee portion of the monthly dental premium.

- B. I understand that, if I have coverage outside of the Clatsop County employee benefits program, I may be eligible to receive a monthly cash option (**Opt Out**) per City County Insurance Services (CIS) rule EB6(F) (see page 2), if:
1. I am covered by other qualified *group* medical insurance. Individual policies, including those purchased through Cover Oregon or any other state or federal insurance exchange program, do *not* qualify as group coverage for the purpose of opting out.
  2. I can and must provide proof of medical coverage and that, if I lose this coverage for any reason that can be determined to be an IRS Qualified Family Status Change, I may be eligible to enroll in the county's medical coverage at that time.
  3. I acknowledge that it is my responsibility to notify Human Resources of my loss of other coverage within 31 days of such loss.

Note: Eligible part-time employees who opt out receive a prorated opt-out amount based on their FTE.  
(Example: .6 FTE = \$60.00 per month) *The opt-out compensation is considered taxable income.*

C. I herewith acknowledge the terms of the opt-out option (B) above and elect to:

- ☐ Opt out of county medical insurance as I am covered by a qualified group plan (\$100/month)  
☐ Decline the opt out. My other coverage does not qualify under rule EB6.  
☐ My spouse is employed with Clatsop County, and I have county coverage through him/her. (\$200/month)

If yes, spouse's name and department: \_\_\_\_\_

This election will remain in force for the current plan year, which begins January 1 and ends December 31.

Employee Name (Print) Signature Date (Mo/Day/Year)

---Attach a copy of your insurance card as proof of other insurance.--

**Clatsop County:**

Authorized signer (Print) Signature Date (Mo/Day/Year)

Rev: 09/2019

## Rule EB6: HEALTH INSURANCE - ENROLLMENT/UNDERWRITING REQUIREMENTS

A. The following definitions apply to this section:

1. **Group Medical Coverage.** Employer-sponsored coverage. Does not include individual coverage or individual policies purchased through any state or federal sponsored exchange, Medicaid (such as Oregon Health Plan), TRICARE or Medicare.
2. **Opt Out.** Employees choosing not to enroll because they are enrolled in other Group Medical coverage. Proof of other coverage is required.
3. **Waive.** Employees without other Group Medical coverage choosing not to enroll. Those waiving are required to waive medical and/or dental, as offered by the Member.

B. Employees who opt out or waive must still be enrolled in all employer-paid life and disability plans offered through CIS.<sup>1</sup>

C. For Members with 10 or more employees, at least 90% of the eligible employees, excluding opt outs, must be enrolled in medical coverage. For Members with fewer than 10 employees, at least 50% of the eligible employees must be enrolled in medical coverage. If the Member offers an employee choice of CIS and non-CIS coverage, at least 51% of eligible employees must be enrolled in the CIS coverage.

D. If the Member offers dental coverage, employees have the following options with regard to dental:

- Waive coverage
- Enroll for employee-only coverage
- Enroll for employee & dependent coverage.
  - If the employee's medical coverage is through CIS, dependents enrolled in dental must match those enrolled in medical.<sup>2</sup>
  - If the employee's medical coverage is not through CIS or if the employee opts out of CIS medical coverage, the employee must enroll all eligible dependents in the dental coverage.<sup>2</sup>

Employees or dependents enrolling in an ODS Dental plan after their initial eligibility period will be subject to a waiting period for certain dental services.<sup>2</sup>

E. For groups that offer vision coverage, the individuals enrolled in vision must match the individuals enrolled in the medical plan.<sup>3</sup>

F. Members, when completing their annual RFC, may choose to offer a cash payment to employees who opt out of medical. The cash option cannot exceed \$100 per employee per month. If the employee and spouse both work for the same CIS employer and are both covered by a CIS-sponsored medical plan, one can opt out and receive up to \$200. The cash option is not available to any employee who waives medical coverage (i.e., who does not have other Group Medical Coverage) or who is eligible for Medicare coverage.

G. An opt out or waiver election is subject to IRS Code Section 125 election restrictions. Accordingly, an election made for a year may not be revoked or modified, except in the case of a qualified Change in Status Event.

H. Except as outlined in Section F above, Members may not provide cash or other financial incentives to employees for not enrolling themselves or their eligible dependents on the medical and/or dental plans.

I. Members may not directly reimburse employees for any medical expenses incurred including, but not limited to, payment of all or part of the deductible, copayments or coinsurance amounts.

<sup>1</sup>Does not apply to Clatsop County. Life and disability plans offered through The Standard.

<sup>2</sup>This rule applies only to employers offering CIS dental. Clatsop County's dental plan is through Moda.

<sup>3</sup>Employees enrolling in the county's medical coverage are automatically enrolled in vision coverage through VSP.