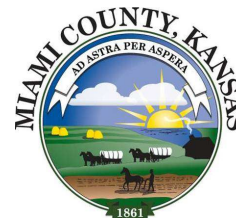


2022-2023 HEALTH INSURANCE OPT-OUT PROGRAM



Employee Name: _____

HEALTH INSURANCE OPT-OUT (NON-MEDICARE)

The Health Insurance Opt-Out Program is a program offered by Miami County to benefit eligible employees who opt-out of participating in the group health insurance offered by Miami County and in lieu are covered as a spouse in another group health insurance plan. An employee may be eligible to receive \$3,600 annually (\$300.00 per month) to participate in the program. Payments will be made to the employee over 24 equal installments.

Non-Qualifying Employees

- Employees not covered as a spouse in another health insurance plan.
- Employees covered as a dependent under a parent's health insurance plan.

HEALTH INSURANCE OPT-OUT (MEDICARE)

The Health Insurance Opt-Out Program also offers monthly payments for Medicare eligible employees who opt-out of participating in the group health insurance offered by Miami County and in lieu are covered by Medicare. Eligible employees may receive \$3,600 annually (\$300.00 per month) to participate in the program. Payments will be made to the employee over 24 equal installments.

Non-Qualifying Employees

- Medicare eligible employees covered under the Miami County health insurance plan.

The opt-out program will run annually from July through June. Employees must enroll annually in the opt-out program and provide proof of coverage and cost of the insurance plans. The deadline to participate in the program is June 30, 2022.

Any employee currently enrolled in the program will cease to receive the opt-out benefit if they do not re-enroll in the program. The opt-out program will only be offered during the county's open enrollment process. An employee experiencing a Medicare qualifying event to change coverage with the county will be eligible to participate in the program through the end of the benefit year. The county must be notified by the employee if at any time during the benefit year the employee is not covered by another health insurance plan.

By signing below the employee agrees to the terms of the opt-out program and agrees to notify the county if their status as a covered individual changes during the benefits plan year. The Health Insurance Opt-Out Program is offered as a premium payment for eligible employees who participate in a health insurance plan outside of the county.

Policy Holders Name: _____

Insurance Provider: _____ Participation Level: _____

Policy Number: _____ Policy Effective Date: _____

Employee Signature

Date

HR Representative Signature

Date

*****MUST ATTACH PROOF OF COVERAGE AND PROOF OF COST OF COVERAGE*****