



CLAY COUNTY FLORIDA

RISK Services

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Green Cove Springs, FL
32043

Area Code: 904
Phone: 529-4718
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County Manager
Fritz A. Behring

Commissioners:
Wendell D. Davis, Chairman
District 1
Douglas P. Conkey
District 2
W. Travis Cummings
District 3
T. Chereese Stewart
District 4
Ronnie E. Robinson
District 5

Switchboard:
GCS (904) 284-6300
KH (352) 473-3711
KL (904) 533-2111
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www.claycountygov.com

MEDICAL OPT-OUT INSURANCE ALLOWANCE PROGRAM

2010 BENEFIT YEAR

During the Annual Open Enrollment period Clay County BCC employees have the option of declining participation in the County's Health Plan with BCBSF for the upcoming benefit year and receiving an allowance payment. This benefit option is contingent on **written verification** that the employee is covered by *other* creditable health coverage.

- If the employee did not have coverage through Clay County Board of Commissioners prior to January 1, 2010, the employee must provide a **certificate of coverage** verifying the level of coverage carried as of December 31, 2009 through the other provider.
- If there is a qualified status change during the year (i.e. birth of child, marriage, etc.) an employee is eligible to decline coverage at that point. If there is a qualified status change during the year (i.e. birth of child, marriage, etc.), a HIPPA special enrollment right, or a change in the cost of coverage or benefits under the plan, then the employee can be readmitted to the Clay County BCC's health insurance plan at the start of the next month from notification as long as the request is submitted within thirty days of the qualifying event and the employee meets the eligibility requirements. Except for a qualified status change the employee who opts out will not be allowed to rejoin the Clay County BCC health plan until the next open enrollment.

The Medical 'Opt-Out' Insurance Allowance payments are subject to appropriate withholding and FICA taxes but are not to be considered as salary and are not eligible for the pension programs.

ELIGIBILITY SUMMARY

- Must be eligible for Clay County BCC health care benefits
- Must sign the Medical Opt-Out Insurance Allowance Agreement
- Must present written verification of creditable health coverage through another provider

PAYMENT SUMMARY

- Allowance payments will be subject to appropriate withholding and FICA taxes
- Allowance payments are not eligible for the pension programs and are not to be considered as salary.

MONTHLY PAYMENT AMOUNTS:

Single-\$75

Single +1-\$150

Family -\$200



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MEDICAL OPT-OUT INSURANCE ALLOWANCE AGREEMENT

I, _____, elect to Opt-Out of the BCBSF employee health plan being offered by Clay County Board of Commissioners for 2010 Benefit Year.

Opt-Out Insurance Allowance payments will be made to me in monthly installments through payroll starting January 1, 2010 through December 31, 2010. If my employment is terminated for any reason, including retirement, or I become ineligible for the Clay County BCC employee health plan, all Medical 'Opt-Out' Insurance Allowance payments will cease.

I have received a summary of the Medical 'Opt-Out' Insurance Allowance Program and understand it is my responsibility to read and understand the program. I understand that the 'Opt-Out' Insurance Allowance payments will not be considered as salary and will not be eligible for pension programs.

If my health coverage terminates for any reason, I will inform Clay County BCC Benefits Division in order to affect stoppage of future insurance allowance payments. I understand and agree to repay any Opt-Out Insurance Allowance made on my behalf after termination of my health coverage.

I do hereby confirm that I have other health insurance coverage and have attached proof of this insurance (i.e. certificate of coverage, letter from other company, or other medical carrier.).

I understand that I will not be eligible for Clay County BCC employee health benefits at any time during the 2010 Benefit Year and that I may not be readmitted to the plan except upon the occurrence of a qualified change in status, HIPAA special enrollment right, change in the cost of coverage or change in benefits under the plan.

Date Signature

Single-\$75

Single +1-\$150

Family -\$200