

2014 City of Springfield Medical and Dental Dependent Coverage Waiver



Waiver of Dependent Coverage

All full-time employees must be enrolled in City health and dental insurance. If the employee's dependents have other medical insurance coverage, the employee may apply for Waiver of Dependent Coverage. Interested employees must provide proof of other medical insurance coverage and a waiver of coverage form for the dependents to be deleted from City coverage. Enrollment in the City's dental plan must be the same as the enrollment for the health plan. Part-time employees may waive employee health insurance coverage as well as dependent coverage by applying for Waiver of Coverage.

Incentive for the Waiver of Dependent Coverage

If the Waiver of Dependent Coverage meets certain criteria, the employee will receive an incentive for the Waiver of Dependent Coverage.

1. If the employee is enrolled in the Preferred Provider plan (PPO) and the Waiver of Dependent Coverage affects the employee's insurance enrollment status the employee will receive a Dual Coverage Allowance (DCA). For example, going from two-party to single or from full family to two-party or single would qualify.
2. If the employee is enrolled in the Health Incentive Plan (HIP) and the Waiver of Dependent Coverage changes the employee's enrollment status to single coverage the employee will receive the two-party/full family Health Reimbursement amount.

Amount of Dual Coverage Allowance

The allotment for AFSME, OPEU and General Service Non-Union employees is equal to 35% of the medical insurance premium savings that would have been realized under the lowest cost medical plan, up to \$221 per month. The allotment for IAFF, SPA and Emergency Services Non-Union employees is equal to 40% of the medical insurance premium savings that would have been realized under the lowest cost medical insurance plan up to \$221 per month. This amount is added to the employee's gross monthly earnings as taxable income.

Participation

Participation in this program is voluntary. Employees electing to participate must enroll in the Waiver of Dependent coverage program during the same time periods that they would have been required to enroll their dependents in the Health insurance plan. Typically, this is during the initial enrollment period, open enrollment and/or within 30 days of a qualifying event. Qualifying events include gaining a new qualifying dependent or involuntary loss of the dependents second coverage option.

Thereafter, each year at open enrollment, employees may re-evaluate their participation in the Waiver of Dependent Coverage program. They may choose to add back dependents and drop their Waiver of Dependent Coverage enrollment.

This is to acknowledge that the group benefits of the PacificSource Health Plans and ODS Dental Plans have been offered to me and my family.

I do not wish to enroll my family members in the City's Medical and Dental plan coverage. My family members are covered by other group health insurance and I have provided a copy of proof of enrollment with this application to Human Resources.

I, _____, understand that on the basis of my signature below, enrollment in PacificSource Health Plans and ODS Dental Plans will not be available until the next "Open Enrollment" which is allowable to both my employer, PacificSource, and ODS insurance plans.

Signature

Date