



**POLICY TITLE:** Health Insurance Benefit Credits

**POLICY NO.:** EB-15

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**I. PURPOSE**

The Board of County Commissioners is committed to the health, safety, and welfare of its employees and their dependents. All full time employees are eligible for health insurance, including general medical, dental, and vision coverage, as part of their employment. If employees or their dependents are covered under another plan and do not wish to take the County's health insurance benefits, the County offers optional Health Insurance Benefit Credits. The purpose of this Policy is to establish guidelines for offering optional Health Insurance Benefit Credits.

**II. GENERAL POLICY**

Any full-time employee choosing not to take or opting out of the County's medical, dental, and vision benefit options is eligible for Health Insurance Benefit Credits. The Health Insurance Benefit Credit received is based on the elections chosen. An employee is eligible under the following conditions:

- A. the employee decides not to carry benefits on himself or herself; and/or
- B. The employee decides not to carry benefits on eligible dependents; and
- C. The employee provides written proof that the employee and/or the eligible dependents are covered under another plan.

**III. SUMMARY OF HEALTH INSURANCE BENEFIT CREDITS**

- A. There are two (2) Tiers of Health Insurance Benefit Credits available to employees with a monetary pay out prorated over the course of the year based on elections chosen by employees:

- 1. Dropping one (1) Tier only:

Employees who drop one Tier only will receive a Health Insurance Benefit Credit in the form of a deduction totaling \$700.00 paid out over the year of twenty-six (26) biweekly pay periods at \$26.92 per pay period.

2. Dropping two (2) Tiers:

Employees who drop two Tiers will receive a Health Insurance Benefit Credit in the form of a deduction totaling \$1,000.00 paid out over the year of twenty-six (26) biweekly pay periods at \$38.46 per pay period.

- B. If an employee submits a Health Insurance Benefit Credits form (attached) by the due date set annually by the Department of Human Resources during Open Enrollment, the employee will receive the Health Insurance Benefit Credit for the entire year (twenty-six [26] pay periods). If an employee submits a Health Insurance Benefit Credits request after the deadline set by the Department of Human Resources, the employee will only receive the Health Insurance Benefit Credit from the date the form is received by the Department of Human Resources. For example, if the form is turned in two (2) weeks late, the employee will only receive the benefit for twenty-five (25) pay periods.
- C. Any employee who is hired after October 31, 2017, and who is covered under a family member who is also an employee of the County, will not be eligible for Health Insurance Benefit Credits pursuant to this Policy. All current employees who are eligible for the Health Insurance Benefit Credits will be grandfathered into the program as eligible.





## *Benefit Credits*

Name: \_\_\_\_\_

ID: \_\_\_\_\_

### Opt-Out Benefit Credits

Full-time employees opting-out of benefit options (medical, dental and vision) are eligible for benefits credits. These are based on the elections you choose. You are eligible if:

- \* You decide not to carry benefits on yourself; and/or
- \* You decide not to carry benefits on eligible dependents; and
- \* You provide written proof that you and/or your eligible dependents are covered under another plan.

**A. Dropping 1 Tier Only:**

\$700 check

(Employees that are covered by a spouse who works for the County prior to October 2017 should use Option A.)

**B. Dropping 2 or more Tiers:**

\$1,000 check

**I am opting for no benefit coverage for the following individuals:**

Employee name (if opting out of coverage):

\_\_\_\_\_

Dependent's Name	Social Security Number	Date of Birth	Relationship to Employee

NOTE: All benefit credits will be paid bi-weekly from the first paycheck for July of each year. You will be required to certify that you are eligible to receive benefit credits if you selected A or B.

Signature \_\_\_\_\_

Date \_\_\_\_\_