Human Resources
Helping U Succeed

2024 Pinellas County Group Health Plan
Opt Out Incentive Summary and Affidavit

SUMMARY

Pinellas County Group Health Plan offers a Medical Plan Opt Out incentive ("Opt Out Incentive") for eligible employees. The Opt Out Incentive allows eligible employees, who are enrolled in other qualified medical benefit coverage, to opt out of coverage under the Pinellas County Group Health Plan ("the Plan") and receive an incentive payment (cash in lieu of benefits).

If you wish to opt out of the Pinellas County Group Health Plan and receive an Opt Out Incentive, please read, sign, date, and return this form to Employee Benefits, Human Resources, Annex Building, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756, or fax to (727) 453-3573.

Opt Out Incentive

The Opt Out Incentive will be credited to the employee's payroll check and will be treated as taxable income. The Opt Out Incentive will be $98.00 per month.

Opt Out Incentive Eligibility

To be eligible to receive an Opt Out Incentive, an employee must meet the eligibility criteria below:

(1) The employee is eligible to participate in the Plan;

(2) The employee (and, if applicable, their spouse/dependents[1]) must be continually covered under another "qualified medical benefit plan[2]" for all periods of time for which the employee is eligible to participate in the Plan; and

(3) The employee must read, sign, date, and return this form attesting to being covered under another qualified medical benefit plan in effect as of the opt out effective date.

---

[1] If you are married and/or have tax dependents, they must have coverage under another qualified medical benefit plan in order for you to qualify for the Opt Out Incentive.

[2] A "qualified medical benefit plan" is a health plan, other than a medical plan sponsored by Pinellas County Board of County Commissioners including the Pinellas County Sheriff's Office, that is established or maintained by an employer or by an employee organization (such as a union), or both, that (i) provides medical care that is affordable to the employee under the Patient Protection and Affordable Care Act of 2010 ("ACA"), and (ii) provides minimum value, as defined under ACA to the employee and his /her dependents directly or through insurance, reimbursement, or otherwise. A qualified medical benefit plan also includes TRICARE and VA.

However, a qualified medical benefit plan does not include any individual healthcare market plan, including, but not limited to, Healthcare.gov medical coverage or any medical benefit plan not established or maintained by an employer or by an employee organization (such as a union), or both. A qualified medical benefit plan also does not include Medicare, Medicaid or any plan funded in whole, or part, by the Pinellas County Board of County Commissioners.

Opting Out for Current Employees

An employee who is currently eligible to enroll in the Plan and wishes to receive an Opt Out Incentive must make the election to opt out of the Plan during the Annual Enrollment period and complete and return this form to Employee Benefits, Human Resources, Annex Building, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756, or fax to (727) 453-3573 no later than the last day of the Annual Enrollment period.

Opting Out for Newly Eligible Employees

An employee who is newly eligible to enroll in the Plan and wishes to receive an Opt Out Incentive must make the election to opt out of the Plan no later than the last date of their enrollment period under the Plan and complete and return this form to Employee Benefits, Human Resources, Annex Building, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756, or fax to (727) 453-3573 no later than the last day of the enrollment period.

Employees Who Incur a Qualified Status Change during the Year

An employee who has incurred a qualified status change, as described in the Plan's governing plan documents, during the year and wishes to receive an Opt Out Incentive must make the election to opt out of the Plan no later than the last date of their enrollment period under the Plan and complete and return this form to Employee Benefits, Human Resources, Annex Building, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756, or fax to (727) 453-3573 no later than the last day of the enrollment period.

Changes Affecting Opt Out Incentive Eligibility

An employee loses eligibility for participation in the Opt Out Program during any period when:

(1) The employee is no longer employed in a benefits eligible position or is no longer eligible to participate in the Plan;

(2) The employee (and/or, if applicable, their spouse/dependents) loses coverage under the other qualified medical benefit plan; and/or

(3) The employee (and/or, if applicable, their spouse/dependents) enrolls in nonqualified medical benefit plan.

Re-Enrollment in the Plan

Employees who opt out of the Plan may re-enroll in the Plan during the next Annual Enrollment period. To re-enroll in Plan coverage at any other time, employees must experience a qualified status change, as described in the Plan's governing plan documents, or loss of coverage under the other qualified medical benefit plan. Employees must notify Plan within thirty-one (31) days of the date of the qualified status change and provide proof of the qualified status change.

Effective Date and Duration of Opt Out & Period

For opt out election made during the Annual Enrollment period the effective date is January 1 and the maximum duration of the opt out is the period of January 1 - December 31. A new Opt Out Summary and Affidavit is required every year. For opt out election made due to being newly eligible or a qualified status change the opt out effective date is the effective date under the Plan and the maximum duration of the opt out is the period from that effective date through December 31.

ACKNOWLEDGMENT

I certify the following:

(1) To be eligible to opt out of the Plan, I (and, if applicable, my spouse/dependents) must maintain coverage under another qualified medical benefit plan for all periods of time for which I am eligible to participate in the Plan.

(2) I understand that I must immediately notify the Plan by notifying Employee Benefits, Human Resources, Annex Building, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756 or fax to (727) 453-3573 if I (and, if applicable, my spouse/dependents): (i) lose coverage under the other qualified medical benefit plan; or (ii) enroll in medical benefit plan that is not a qualified medical benefit plan (i.e., a medical benefit plan not established by an employer or by an employee organization, Medicare, Medicaid, or an individual healthcare market plan, including, but not limited to, Healthcare.gov medical coverage or any plan funded in whole, or part, by the Pinellas County Board of County Commissioners including the Pinellas County Sheriff's Office).

(3) I understand that I will become ineligible for the Opt Out Incentive if I (and/or, if applicable, my spouse / dependents): (i) lose coverage under the qualified medical benefit plan; or (ii) enroll in Medicare, Medicaid, or an individual healthcare market plan, including, but not limited to, Healthcare.gov medical coverage or any plan funded in whole, or part, by the Pinellas County Board of County Commissioners including the Pinellas County Sheriff's Office.

(4) I understand the election to opt out of the Plan is entirely voluntary. The Plan is not responsible for any expenses incurred after my insurance termination date for my spouse, dependents, or myself.

(5) Elections to opt out of the Plan must be made within the enrollment period when initially meeting eligibility, within the enrollment period due to a qualified status change or during the Annual Enrollment period.

(6) If I elect to opt out of the Plan, I am entitled to receive an Opt Out Incentive equal to $98.00 per month.

(7) I understand that the Opt Out Incentive is considered ordinary income and subject to tax.

(8) If, at a later date, I wish to re-enroll in the Plan, I understand I will no longer be eligible for the Opt Out Incentive. I also understand I may enroll in the Plan during the next Annual Enrollment unless I experience a qualified status change as described in the applicable Plan's Plan documents.

(9) I agree to return to the Plan all payments made in error or for fraudulent acts which include, but are not limited to the following: (i) failure to report a change in coverage, including enrollment in an individual market plan, and/or qualified status change timely; and/or (ii) falsifying information in order to receive an Opt Out Incentive.

(10) I understand that my employer cannot make opt out payments to me if it knows, or has reason to know, that I or a family member do not or will not have coverage under a qualified medical benefit plan.

_____ _____

Employee's Signature *Signature Date*

_____

Employee's Printed Name

AFFIDAVIT

Employees must attest below that they (and, if applicable, their spouse/dependents) are covered under another "qualified medical benefit plan" as defined below as of the "opt out effective date," to be eligible for the "Opt Out Incentive."

If you are married and/or have tax dependents, they must have coverage under another qualified medical benefit plan in order for you to qualify for the Opt Out Incentive.

A "qualified medical benefit plan" is a health plan, other than a medical plan sponsored by Pinellas County Board of County Commissioners including the Pinellas County Sheriff's Office, that is established or maintained by an employer or by an employee organization (such as a union), or both, that (i) provides medical care that is affordable to the employee under the Patient Protection and Affordable Care Act of 2010 ("ACA"), and (ii) provides minimum value, as defined under ACA to the employee and his /her dependents directly or through insurance, reimbursement, or otherwise. A qualified medical benefit plan also includes TRICARE and VA.

However, a qualified medical benefit plan does not include any individual healthcare market plan, including, but not limited to, Healthcare.gov medical coverage or any medical benefit plan not established or maintained by an employer or by an employee organization (such as a union), or both. A qualified medical benefit plan also does not include Medicare, Medicaid or any plan funded in whole, or part, by the Pinellas County Board of County Commissioners including the Pinellas County Sheriff's Office.

Complete the following:

Name of Covered Employee

Telephone Numbers
Work ( ) _____ Home ( ) _____ Cell ( ) _____

Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

If applicable:

Name of spouse _____

Name(s) of dependents _____

Effective date of coverage under the other qualified medical benefit plan
 / /

Type of other qualified medical benefit plan coverage *(select one)*

- ☐ Coverage under spouse's employer-sponsored group medical plan.
- ☐ Coverage under domestic partner's employer-sponsored group medical plan.
- ☐ Coverage under parent's employer-sponsored group medical plan.
- ☐ Coverage under TRICARE.
- ☐ Coverage under VA.
- ☐ Other (*please describe*): _____

Name, address, and policy number of the other qualified medical benefit plan

I have read and completed the Pinellas County Group Health Plan Opt Out Incentive Summary and Affidavit Form and I attest to the following:

- ☐ I (and, if applicable, my spouse/dependents) am covered under another qualified medical benefit plan that is in effect as of the opt out effective date. I further certify that the other medical coverage is not Medicare, Medicaid, or an individual healthcare market plan, including, but not limited to, Healthcare.gov medical coverage or any plan funded in whole, or part, by the Pinellas County Board of County Commissioners including the Pinellas County Sheriff's Office.
- ☐ I understand that I must immediately report changes to the information I have provided above which may impact my eligibility to Employee Benefits, Human Resources, Annex Building, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756, or fax to (727) 453-3573.
- ☐ I meet the qualifications to elect the Opt Out Incentive.

Please initial below:

_____I am electing to opt out of coverage under the Plan in exchange for an Opt Out Incentive equal to $98.00 per month because I (and, if applicable, my spouse/dependents) have medical coverage under another qualified medical benefit plan.

_____ _____

Employee's Name Printed *Employee ID Number*

_____

Employee's Signature **(Do not sign until you are in front of a notary public.)**

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____day of_____ 20____,

by_____

_____

Signature of Notary Public

SUBMISSION

Submit completed notarized form (signatures required on pages 3 and 5) no later than the last day of the enrollment period as stated in the Summary section above by **mail** to Employee Benefits, Human Resources, 400 S. Ft. Harrison Ave., Room 126, Clearwater, FL 33756, by **fax** to (727) 453-3573, or by **email** to employee.benefits@pinellas.gov (all government correspondence is subject to the public records law).

For more information, call Benefits at (727) 464-3367, option 1.