<u>ANNUAL</u> City of Reedley 2019 Offer of Coverage & Waiver Form for Part-Time Employees Averaging a Minimum of 30 Hours Per Week

The City of Reedley has determined that the employee named herein meets the Patient Protection & Affordable Care Act (ACA) coverage eligibility criteria. This document constitutes an offer of coverage to the employee and the employee's eligible dependents as defined in the ACA. The employee may waive coverage only if the employee provides proof of other coverage.

Employee Name: ______________________________ Employee #: ____________________

Department: ______________________________ Work Phone #: ____________________

SSN: ______________________________ Home Phone #: ____________________

CITY OF REEDLEY
MONTHLY PREMIUM RATES & EMPLOYER/EMPLOYEE CONTRIBUTIONS
EFFECTIVE JANUARY 1, 2019
ACA Eligible Employees Who Average 30 Hours or More per Week

Total Monthly Cost by Plan	Employee Only	Employee + 1	Employee + 2 or more
Blue Shield PPO	$615.52	$1,288.13	$,1838.44
Blue Shield HMO	$639.37	$1,338.26	$1,910.04
Kaiser	$679.49	$1,354.92	$1,760.18
City's Monthly Contribution	**Employee Only**	**Employee + 1**	**Employee + 2 or more**
<u>Lowest Cost Self-Only</u>	$461.70	$461.70	$461.70
Employee's Monthly Contribution	**Employee Only**	**Employee + 1**	**Employee + 2 or more**
Blue Shield PPO	* <u>$153.82</u>	$826.43	$1,376.74
Blue Shield HMO	$177.67	$876.56	$1,448.34
Kaiser	$217.79	$893.22	$1,298.48
Employee	**Label**	**Label**	**Label**
Blue Shield PPO	<u>$1,845.84</u>	$9,917.16	$16,520.88
Blue Shield HMO	$2,132.04	$10,518.72	$17.380.08
Kaiser	$2,613.48	$10,718.64	$15,581.76
* (2019 Minimum Wage of $12.00/Hour * 30 Hours per Week * 52 weeks * 9.86%) / 12 months			
2019 ACA Percentage of CONUS Federal Poverty Level Threshold is 9.86%			

In the month preceding the insurance service month, half of the employee's monthly premium contribution will be deducted on the first and second pay periods of that month. (Example: $76.91 will be deducted on December 14th and December 28th for January's premium, which is due on January 1.)

☐ I elect to enroll in a City sponsored insurance for ____ myself ____ and/or eligible dependents
(an enrollment form must completed for the plan chosen)

☐ I elect to waive City sponsored insurance for ____ myself ____ and/or eligible dependents. **I will provide proof of other coverage for myself and/or eligible dependent.**

______________________________ ____________________
Participating Employee's Signature Date

<u>PROOF</u> of Other Medical Coverage is <u>REQUIRED</u> to be submitted with this form

Subscriber/Employee Name:	Subscriber's Relationship to Employee:
Subscriber's Employer:	
Employer Address:	
Telephone # (Personnel/Benefits Office):	
<u>MEDICAL</u>: Other Insurance Company	
Group Name:	Emp. Medical I.D. Number:
<u>DENTAL</u>: Other Insurance Company	
Group Name:	Emp. Dental I.D. Number:
<u>VISION</u>: Other Insurance Company	
Group Name:	Emp. Vision I.D. Number:

PROOF of other coverage can be a medical card or a print-out from the subscriber/employee's insurance company, the Marketplace exchange or subscriber's employer showing the City of Reedley employee's name on the list of covered persons.

If the employee elects to enroll in a City sponsored plan, the premium contribution may be deducted on a pre-tax basis only when the employee completes a Salary Redirection Agreement (SRA) choosing the Premium Only Plan option.