



2023-24
MEDICAL OPT-OUT APPLICATION
Cash In-Lieu of SBCSS Medical Coverage

Deadline
*****June 5, 2023*****

The Medical Opt-out Incentive Program is a negotiated item between SBCSS and CSEA, Teamsters Local #1932, and SBCTA bargaining units for each fiscal year. Management, confidential, and ‘other non-represented employees’ participation in the program is determined by the Superintendent.

An approved application waives medical coverage and pharmacy benefits for employee and dependents eligible for coverage. The applicant will receive cash in-lieu of medical coverage in the amount of **\$375** of taxable income per month. The \$375 monthly stipend will be prorated for employees required to contribute a percentage towards their health and welfare benefits.

QUALIFICATIONS:

- Eligible for health and welfare benefits from SBCSS;
- Verification letter with coverage as of May 1, 2023, from a medical insurance carrier or company confirming your current enrollment of medical coverage. (Not required if coverage is provided by an employee of SBCSS, other than self);
- Completed Medical Opt-out application.
- No enrollment in any medical plan from the California Health Marketplace Exchange at www.coveredca.com as of July 1, 2023
- Completed 2023-24 Open Enrollment process on the online benefits system, BenefitFocus at www.sbcssbenefits.hrntouch.com

Incentive is paid once a month with your normal payroll cycle through June 30, 2024. Information for continuation of this program for fiscal year 2024-25 will be announced in Spring 2024.

Must check at least one box below.

I acknowledge that I am eligible and have been given the opportunity to receive medical insurance from SBCSS. I am choosing the right to decline medical coverage. I understand the medical coverage provided by SBCSS meets the Affordable Care Act (ACA) actuarial minimum value requirement of 60% or greater and that there is a medical option available to me that does not exceed the 9.5% of my W-2 income based on the lowest plan which is Kaiser Plan #3.

I understand that by accepting the cash in-lieu of benefits from SBCSS, I cannot be enrolled on a health plan from the California Health Marketplace Exchange at www.coveredca.com.

I understand that I will not be eligible for the Go365 Program, Health Advocate, hearing aid benefit, or pharmacy coverage.

Check the option below that applies to your participation in the 2023-24 application process for requesting the cash in-lieu of being a subscriber on one of the SBCSS group medical/pharmacy plans for enrollment in SBCSS Medical Opt-out incentive:

- I **have** medical coverage with another medical plan that is not offered by SBCSS. (Attach a verification letter dated as of May 2023 either from the medical carrier or employer offering the insurance.)
- I am covered as a spouse or/registered domestic partner or child by an SBCSS employee. (Documentation **not** required) SBCSS employee’s full name that I have coverage with: _____

Print Last Name

Print First Name

Employee Signature

Date

Social Security Number

Send Application and Documentation to: SBCSS Benefits Team, Human Resources, SBCSS
760 E. Brier Drive, San Bernardino, CA 92408
Phone 909.386-9562 or 909.386-9592 // Fax (909) 386-9694
benefits@sbcss.net