LOS RIOS COMMUNITY COLLEGE DISTRICT

MEDICAL PLAN WAIVER FORM

SECTION I: PERSONAL INFORMATION – Please Print

LAST NAME:	FIRST NAME:
LOS RIOS EMPLOYEE ID #:	EFFECTIVE DATE: 7/1/20 (for open enrollment)
BARGAINING UNIT:	CHECK BOX IF REQUESTING CASH IN LIEU (IF APPLICABLE): ☐

SECTION II: WAIVING COVERAGE

DECLINATION OF COVERAGE: Medical and dental coverage has been offered to me and the coverage has been explained by Los Rios. I have been given the opportunity to enroll in medical and dental coverage for myself and all of my qualified dependents, if any, and I have decided not to enroll. The following plans were available to me for the 2020-21 Plan Year at the following monthly (or tenthly) employee contribution rates. The premiums are composite, which means I would pay the same rate whether I covered just myself or I covered my entire family, i.e. there is no additional cost to me to cover my eligible family members.

	*LRCEA		*LRCFT		*SEIU		Managers/ Confidential	LRSA
	Monthly	Tenthly	Monthly	Tenthly	Monthly	Tenthly	Monthly	
Kaiser HMO	$420.62	$504.74	$165.28	$198.34	$192.50	$231.00	$275.94	$273.62
Kaiser DHMO	$303.85	$364.62	$48.51	$58.21	$75.73	$90.88	$159.17	$156.85
Kaiser HDHP HMO	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Sutter Health Plus HMO	$371.74	$446.09	$116.40	$139.68	$143.62	$172.34	$227.06	$224.74
Sutter Health Plus HDHP HMO	$105.54	$126.65	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Western Health Advantage HMO	$224.55	$269.46	$0.00	$0.00	$0.00	$0.00	$79.87	$77.55
Western Health Advantage 1800 HDHP HMO	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Delta Dental	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

**Part-time employees (employees with a permanent assignment of less than 0.50 FTE) receive a pro-rated District contribution and have a higher employee contribution than shown above. Rates above are based on permanent assignments of 0.50 FTE or greater, and adjunct faculty assignments of at least a 0.60 FTE (with other eligibility criteria met).*

By declining coverage, I acknowledge that my dependents and I have been offered coverage and that we must wait until the next Open Enrollment period or submit timely paperwork after experiencing a qualified change-in-status event or HIPAA special enrollment event to (re)enroll in the Los Rios group plan(s).

I am declining ☐ medical / ☐ dental coverage for myself and all of my dependents. **In order to waive coverage, documentation of the other medical coverage must be provided. Examples include a letter on employer's/group's letterhead, copy of insurance card specifying coverage periods and covered individuals, etc.**

Reason for Declining Coverage: ☐ Covered by another employer's group plan* ☐ Enrolled as a dependent on a Los Rios group plan. *EMPLID*: __________

☐ Covered by Medicare or Tricare ☐ Other ____

*Carrier Name(s) & ID #(s): ____

I understand that I will not be able to (re)enroll in these benefits until the next annual Open Enrollment period or until I experience a qualified change-in-status event or HIPAA special enrollment event (see below). If I am a permanent part-time employee and my scheduled work hours permanently increase and my corresponding District contribution increases, I may choose to enroll the first of the month following the date of that occurrence.

To make election changes outside of Open Enrollment, **original enrollment forms must be received in the Employee Benefits Department within 31-days of the qualifying event**. (If the event is gaining or losing eligibility for coverage or premium assistance under Medicaid or CHIP, I have up to 60 days to request a change.) Exceptions will not be made—if you miss this deadline, you must wait until the next Open Enrollment to (re)enroll in coverage.

Qualified Change-in-Status Events

- Employment Status Change of the Employee or Spouse/Domestic Partner
- Change in other coverage (Spouse/Domestic Partner loses eligibility for coverage under another plan, or other employer stops contributing toward the other coverage)
- A change in residence or work site of the Employee or Spouse/Domestic Partner
- You or your dependents lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage

The plan's official documents govern enrollment changes during the plan year and may allow additional qualified change-in-status events. The enrollment change must be consistent with the qualifying event and proof of that event is required.

I have read and understand the above notification. I understand that, if I decline coverage, I will be not be able to enroll in coverage until the District's annual Open Enrollment or until I experience a qualified change-in-status or HIPAA special enrollment event as outlined above. By signing below, I certify that I understand I have been offered coverage which is affordable under Affordable Care Act regulations, and that the reason I am declining coverage is accurate. In the event of any discrepancy between this document and any coverage policy, the terms of the policy prevail. Complete coverage information is available on the Employee Benefits website at https://employees.losrios.edu/benefits.

Employee Signature:____ **Date:** __________________________

Completed form can be scanned and emailed to Employee Benefits at benefits@losrios.edu or mailed to the Employee Benefits Department.
1919 Spanos Court, Sacramento, CA 95825 Phone: (916) 568-3070