



City of Revere
Health Insurance “Opt-Out” Program
Covering Fiscal Year 2024

1. Employees who are currently participating in the City’s health insurance program by subscribing to Blue Cross (Blue Choice or HMO Blue), or Harvard Pilgrim (HPCH HMO), whether it be an individual or family plan, have the option to drop their health insurance plan during the open enrollment for health insurance to begin on July 1, 2023.
2. Employees who drop their insurance shall be eligible to receive a lump sum per the attached “Schedule A.” This benefit shall be paid on December 1st and June 1st of fiscal year 2024.
3. To be eligible to participate in this program, the employee must provide the City with proof of insurance from another provider (spouse, military, etc.)
4. By participating in this program, the employee waives his/her eligibility to receive health insurance from the City for the one year period July 1, 2023 through June 30, 2024.
5. An employee who decides to participate in this program, and drops his/her health insurance coverage through the City, may re-enroll in the program if the employee has a qualifying event, as recognized by the health plans’ underwriting rules. The qualifying events are:
 - a. Marriage or divorce
 - b. Birth or adoption of a child
 - c. Death of a family member
 - d. Lack of other coverage through no fault of the employee or subscriber
 - e. Change in hours, which results in change of employment status
 - f. Retirement

In order to re-enroll in the City’s program, the employee must notify the Human Resource Department within thirty (30) days of the qualifying event and provide written documentation of same. If the employee has a qualifying event and needs to re-enroll in the City insurance, the employee’s “opt-out” benefit shall be reduced proportionately for the time the employee re-subscribes in the program. The employee’s health insurance premiums shall be adjusted so as to recapture any of the “opt-out” benefits for which the employee was not entitled.

Any employee who voluntarily terminates their employment after the “opt-out” incentive has been paid will be required to reimburse the City of Revere the applicable, pro-rated amount for the period after termination. This repayment does not apply to employees retiring from the City of Revere who are entitled to continue their opt-out enrollment. Existing retirees are not eligible for this program unless they were accepted into the opt-out program prior to retirement.

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6. At the end of the one year period, the employee may select any carrier and plan then offered by the City for which he/she is otherwise eligible.
7. Employees shall not participate in this program by switching coverage to their spouse, if their spouse is also an employee of the City of Revere.
8. In order to be eligible for the opt-out program, the employee must have been enrolled in a medical insurance plan with the City of Revere for the prior twelve (12) months, effective the date noted below.
9. The Mayor and Human Resource Director may promulgate rules and regulations necessary to implement this program.
10. The City will revisit this plan after Jan 1, 2024 to determine whether this agreement will be extended or modified.

Schedule A

Opt-Out Health Insurance

(Blue Cross: Blue Choice or HMO Blue, and Harvard Pilgrim: HMO)

	Individual	Family
Total Year Benefit	\$ 3000	\$ 6000
	Payment (before taxes) **	
December 1, 2023	\$ 1500	\$ 3000
June 1, 2024	\$ 1500	\$ 3000

**These payments are eligible to be paid out via deferred compensation plan (403b or 457) on a pre-tax basis, depending if an employee is already enrolled, or contributes less than the maximum allowable by IRS regulations.

City of Revere: Health Insurance “Opt-Out” Program

I, _____, in consideration of the sum of \$_____, hereby agree to waive my eligibility to obtain health insurance (medical only) from the City of Revere for the period July 1, 2023 through June 30, 2024.

I hereby acknowledge that my decision not to participate in the City’s health plans is made voluntarily, and that I have provided the City with proof of health insurance from another provider.

I further acknowledge that, for the period July 1, 2023 to June 30, 2024, I am only eligible to re-enroll in the City’s health insurance plans if one of the below listed qualifying events occurs:

- a. Marriage or divorce
- b. Birth or adoption of a child
- c. Death of a family member
- d. Lack of other coverage through no fault of the employee or subscriber
- e. Change in hours, which results in change of employment status
- f. Retirement

To re-enroll, I must notify the City’s Human Resource Office within thirty (30) days of one of the qualifying events listed above, and will be required to refund the City any portion of consideration above on a pro-rata basis to which I am not entitled due to my failure to complete the one year period.

I further acknowledge that the considerations listed above, less any required withholding, shall be paid to me by the City in four equal installments on December 1, 2023, June 1, 2024.

Name

Social Security Number

Address – Street

City, State, Zip Code

Human Resource Office Use Only

Waiver Received

Date _____

Proof of Coverage

Date _____

Initials _____

Initials _____

Employee

Employee Number

Health Plan

Ind/Fam

Group Number

Acceptance Letter Sent

Date of Acceptance Letter
