



Conditional Cash In Lieu of County Sponsored Health Insurance

Human Resources Use Only

Effective Date: _____

Date of Hire: _____

Amount: _____

Certified by: _____

Medi-Cal Tricare Schools

Employer Plan CHIP

Medicare Part A

Full-Time Part-Time

Employees who decline County sponsored medical coverage and elect Conditional Cash-in-Lieu must provide the following:

(1) Proof that the employee and all individuals for whom the employee intends to claim a personal exemption deduction ("tax family"), have or will have minimum essential coverage through another source (other than coverage obtained in the individual market, whether or not obtained through Covered California) during 2020; and

(2) An attestation that the employee and his/her tax family have or will have such minimum essential coverage for 2020. An employee must provide the attestation every plan year. The opt-out payment cannot be made and the County will not in fact make payment if the County knows that the employee or tax family member does not have such alternative coverage, or if the conditions in this paragraph are not otherwise satisfied.

This money is treated as taxable income and is reported on your W-2 statement for the tax year in which you have received payment. It is not considered compensation for retirement purposes and is a working benefit. Employees who are not in a paid status, or whose paid status is less than that which would qualify for a County contribution to health insurance, are not eligible for this benefit.

Minimum essential coverage includes Medi-Cal with no share of cost, Tricare, CHIP, Medicare Part A and employer group plans. Coverage provided in the individual market, including through Covered California, or Medi-Cal with a share of cost, do not qualify for this benefit.

The County's policy on cash back has been revised in previous years, in compliance with the Affordable Care Act, to allow participants who received Medi-Cal to qualify under the "other qualified group insurance" provision to receive cash back. It has been brought to our attention that some employees receive Medi-Cal with a "share of cost". According to the IRS, Medi-Cal with a "share of cost" does not meet minimal essential coverage guidelines. Individuals receiving Medi-Cal with a "share of cost" are not eligible to receive cash back for the 2020 calendar year.

Employee Name (print)

Employee ID

Bargaining Unit

****Please initial the following 3 statements:***

_____ I certify that the County of Butte has offered myself and my dependents minimum essential coverage. I hereby decline to enroll in the County's health plans.

_____ I certify that I have or will have alternative minimum essential coverage (other than individual coverage and other than individual coverage through Covered California) during 2020. ***I certify that I am not enrolled in a Medi-Cal plan with a share of cost and if my Medi-Cal plan is switched to a plan with a share of cost, I will notify the Department of Human Resources within 30 calendar days.***

_____ I certify that ***all*** of my dependents for whom I expect to claim a personal exemption deduction during 2020 (tax family) have or will have minimum essential coverage (other than individual coverage, individual coverage through Covered California, or a Medi-Cal plan with a share of cost) during 2020.

Employee's Signature: _____ **Date:** _____

Verification of Qualifying Health Insurance Coverage

- If your name is on your insurance card, provide a copy of the front and back of the insurance card.
- If your name is not on the insurance card, you will need to contact the insurance company or the employer that coordinates your health insurance to get a letter for verification of coverage. The letter will need to include your name and the effective date of the plan.
- If your health insurance coverage is part of a group plan through an employer and the employer's name is not on your insurance card, you will need to provide a letter from the employer verifying that you are enrolled in their group plan.
- If you have Tricare health insurance coverage, you will need to provide a copy of your coverage card or a letter verifying your coverage.
- If you have Medi-Cal, Medicare Part A, or CHIP, please provide a copy of the front and back of your insurance card.

If you have further questions about how to verify your qualifying health insurance coverage, please contact Human Resources at (530) 538-3552 or email the benefits team at HR.Benefits@buttecounty.net.

You **must recertify for cash back each year during open enrollment to continue your cash back for the following year. You must also recertify for any and all plan renewals. Cash back is not retroactive and will start the first of the following month after all documents (cash back form and verification of other qualifying health insurance coverage) are received.*