

Policy: Opting Out of and Into the Medical Care Benefits – Active Employees

Statement: The Metro Code permits active employees the opportunity to opt out of the medical care benefits (medical and/or dental) provided they show proof of other insurance coverage. Insurance coverage may include other individual or group health plan coverage, TriCare, as well as Medicare Advantage plans, Medicare sponsored supplemental plans, or stand-alone Medicare Parts A and B. Once the member opts out of the plan, they may re-enroll within 60 calendar days of an eligible change in status or during the next Annual Enrollment. There is no requirement to provide proof of other coverage at each subsequent Annual Enrollment period.

Opt Out Process:

1. Active employees upon submitting proof of other insurance coverage may opt out of medical care benefits as follows:
 - a. During the Annual Enrollment period
 - b. At the point of initial employment
 - c. The effective date of a disability pension
 - d. Within 60 calendar days of an eligible change in status, as defined by the Health Insurance Portability and Accountability Act (HIPAA), which include:
 - i. Change in employee's legal marital status – including marriage, divorce, death of a spouse, legal separation or annulment
 - ii. Change in the number of eligible dependents – including birth, adoption, or placement for adoption, death, or gaining legal custody
 - iii. Termination or commencement of employment by the employee, spouse or dependent
 - iv. Change in work schedule – including reduction or increase in hours by the employee, spouse or dependent, or commencement or return from unpaid leave
 - v. Dependent satisfies or ceases to satisfy eligibility requirements
 - vi. Change in residence or worksite of employee's spouse or dependent
 - vii. Obtaining Medicare eligibility and enrolling into Medicare Parts A and B, a Medicare Supplement plan or Medicare Advantage plan.
2. Documentation of other coverage may be substantiated by one of the following methods which clearly documents the opt out coverage criteria:
 - a. A copy of the employee's insurance card showing the other coverage in the employee's own name.
 - b. Company letterhead from the spouse's or parent's employer noting the employee is a covered dependent
 - c. Company letterhead from the other insurance carrier noting the employee is covered
 - d. Medicare enrollment information from Social Security/CMS or the Medicare Supplement or Medicare Advantage plan.

- e. If the insurance is gained as a result of an eligible change in status, the documentation supplied must contain an effective date of coverage.
- f.

Opt In Process:

1. Active employees may re-enroll into the medical care benefits as follows:
 - a. Within 60 calendar days of an eligible change in status, as defined by the HIPAA guidelines, which include:
 - i. Change in employee's legal marital status – including marriage, divorce, death of a spouse, legal separation or annulment
 - ii. Change in the number of eligible dependents – including birth, adoption, or placement for adoption, death, or gaining legal custody
 - iii. Termination or commencement of employment by the employee, spouse or dependent
 - iv. Change in work schedule – including reduction or increase in hours by the employee, spouse or dependent, or commencement or return from unpaid leave
 - v. Dependent satisfies or ceases to satisfy eligibility requirements
 - vi. Change in residence or worksite of employee's spouse or dependent
 - vii. Loss of eligibility of Medicare Parts A and B, Medicare Supplement or Advantage plan.
 - a. At the effective date of of disability or service retirement where other eligible dependents may also be added
 - b. At the time a survivor's (or dependent child's) pension benefit is processed if the deceased was an active employee
 - c. During Annual Enrollment
2. Documentation of loss of coverage and the insurance termination date may be substantiated by one of the following methods:
 - a. Company letterhead from the spouse's or parent's employer noting the employee's or disability pensioner's other coverage is being terminated
 - b. Company letterhead from the other insurance carrier noting the employee's or disability pensioner's coverage is terminating
 - c. Documentation from the Social Security Administration/CMS stating loss of eligibility of Medicare.
 - d. Other documentation as allowed under HIPAA.

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