

Cash-in-Lieu benefits for 2024

If eligible, you have the opportunity to decline medical insurance through the District's group health plans and receive a monthly Cash-in-Lieu benefit. The enrollment in Cash-in-Lieu benefit is a **two-step process** which must be completed each year.

First Step:

Everyone wanting to receive Cash in Lieu - ***Must Complete*** the ***Open Enrollment process*** and Waive Medical coverage to receive the benefit for next year (2024). Be sure to Enroll in ***both Waive Medical*** coverage and ***Cash in Lieu*** plan, you must have answered ***Yes***, you do have other coverage to be offered Cash in Lieu.

You can complete the Open Enrollment process online on your own or schedule a meeting with an American Fidelity representative between 9/18/23 – 10/13/23.

Second Step:

AFTER you complete the Open Enrollment process send your proof/verification of current coverage to ddobbins@alamedaunified.org. You must have active medical insurance to receive this benefit.

DO NOT send proof before completing the **First Step!**

The deadline to drop off verifications in person is 12/21/23 before 5:00pm at the District Office.

Submissions by US Mail (postmarked) and Email deadline is Sunday, December 31, 2023

NEW EMPLOYEES MUST ***complete*** the Open Enrollment process (**First Step**) to Waive Medical coverage for 2024 to receive Cash in Lieu for next year.

If you provided proof of coverage in **August 2023 or later**, you may ***send me an email*** reminder with your hire date and remind me that verification was provided **OR** submit a current verification of coverage by the 12/31/2023 deadline as stated above.

Verification/Proof of active medical coverage

You must provide current proof/verification of the other active medical coverage. **No ID Cards!**

1. The verification must be dated after your enrollment date, state the medical plan/coverage, your name and identifying information such as date of birth, partial SS#, MRN, or address.
2. Contact your insurance company (Kaiser, Blue Cross, Health Net, etc.) web site **OR** call them to request a letter OR Certificate of Coverage that can be printed/saved as a **PDF document**.
Please, NO pictures (jpg, gif and screen shots take longer to process)
3. Coverage provided by another employer/company can be verified by a signed and dated business letter (not an email) or by a Certificate of Credible Coverage.
4. Coverage provided by **Medi-Cal** – Try the medical carrier/group (Alameda Alliance, Kaiser, Asian Health Serv, etc.) site to download verification. Additionally, calling your Medi-Cal Case Worker or Customer Service may provide a letter titled "Receipt of Medi-Cal benefits".
5. Coverage provided by **Medicare** – Try to use your Part B or Part C /Advantage carrier website to get verification of coverage. Also, your **2024** Social Security (SS) benefit statement that shows your cost for Medicare Part B deducted from SS benefit check will verify current coverage.

Submit the verification/proof of coverage by **email** to ddobbins@alamedaunified.org is the preferred method - then you will have a record (proof) that you sent the document. You will receive a reply after your document has been processed. Do not send before you have completed **First Step**

If you mail or dropped off your verification/proof you will not have the ability to track or verify that your document was received or processed.