

Cash-in-Lieu of Medical - Instructions

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. Enrollment in the Cash-in-Lieu benefit is a **two-step process** - which must be completed within 30 days of your date of hire and again during each Open Enrollment period every year.

First Step:

Appointment is required Link below:

[https://benefitsenrollment.as.me/schedule/594793ae/appointment/63066722/calendar/2697356?appointmentTypeIds\[\]=63066722](https://benefitsenrollment.as.me/schedule/594793ae/appointment/63066722/calendar/2697356?appointmentTypeIds[]=63066722)

After waiving medical coverage, select Benefit 2 "Waive Medical = Cash in Lieu" if you have other medical coverage or "Waive Medical – No Other Coverage". If you do not have any other medical coverage. (you are **not eligible** to receive the cash benefit)

Second Step:

AFTER you complete the Enrollment process send your proof/verification of **CURRENT** coverage to ddobbins@alamedaunified.org . **DO NOT** send proof before completing the **First Step!**

The DEADLINE to submit your proof of coverage is 30 days after your start date.

Verification/Proof of active medical coverage Requirement

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

1. The verification must have a current (*30 days*) date, state the medical plan/coverage, your name and identifying information such as date of birth, partial SS#, MRN, or address.
2. Kaiser & Cigna sample instructions/information are on the [Benefits Web Page](#)
3. For other insurance companies you can try their web site **OR** call them to request a letter OR Certificate of Coverage that can be emailed to you then printed/saved as a **PDF document** .
Please, NO pictures (jpg, gif and screen shots take much longer to process and may not be complete)
4. Coverage provided by another employer/company can be verified by a signed and dated business letter (not an email) or by providing a Certificate of Credible Coverage.
5. 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 and request a letter titled "Receipt of Medi-Cal benefits".
6. Coverage provided by Medicare – Try to use your Part B or Part C /Advantage carrier (Kaiser, Healthnet, Cigna, etc.) website to get verification of coverage.

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

If you mail or drop off your verification - You will not receive confirmation that your document was received or processed.