



Town of Sudbury
Human Resources Office
278 Old Sudbury Rd.
Sudbury, MA 01776
hr@sudbury.ma.us

FOR OFFICE USE ONLY

Date Enrolled in Plan: _____ Opt Out Date: _____

Plan Name _____ Ind/Family _____

Proof of Other Insurance (on employer letterhead or health cards showing coverage effective date): **Y or N**

Approved by: _____

OPT-OUT INCENTIVE PROGRAM - 7/1/25 to 6/30/28

With this option, the Town will pay a set amount of \$1,500 per year for an individual and \$3,000 per year for a family plan to Active employees, who are covered under the Town's health insurance for a minimum of two years and then opt-out of being covered through our plans and enroll in health insurance elsewhere. You can enroll in the Opt-Out at any time of the year as long as there is a qualifying event.

The guidelines for the Program are:

- (a) The Opt-Out incentive is only available to Active employees who have been enrolled in the Town's health insurance for a minimum of two (2) continuous years and then choose to Opt Out.
- (b) The Town will pay a set waiver incentive amount: \$1,500 per year for individual plan; and \$3,000 per year for a family plan upon proof of other insurance.
- (c) The Town will pay the Opt-Out benefit via payroll on a bi-weekly basis, less any required withholdings.
- (d) If there is a qualifying event in which an employee who has opted-out needs to opt back onto Town insurance, the employee will be allowed to do so as long as it is within 30 days of the qualifying event.
- (e) The only way to receive the Opt-Out incentive is if the employee is not covered by the Town's health plans in any way OR by health insurance coverage through the Lincoln-Sudbury Regional High School. (This includes through a parent or spouse's plan.)
- (f) Changing from a family to individual plan does not count.
- (g) The Opt-Out will have a sunset provision. We will continue the program for three years and will then review as to whether or not to continue to offer it. If the Town decides not to continue the Opt-Out Program, employees will be given an opportunity to get back onto the Town's health plans if they choose. (The three year period runs from 7/1/25 to 6/30/28.)
- (h) Any issues or disputes that arise regarding enrollment periods or rules and regulations relating to the implementation of the program shall be reviewed by the Town Manager, whose determination shall be final and binding.
- (i) Should there be a case where an employee did not meet the criteria and received the opt-out in error, the employee must reimburse the Town the Opt-Out money they received through Town payroll deductions.
- (j) Employee must provide "proof of other insurance" on employer letterhead or health cards showing coverage effective date.

I hereby acknowledge that:

- My decision not to participate in one of the Town's health plans is made voluntarily and that I have read and understand the guidelines stated above.
- I also certify that I am not covered by health insurance through the Lincoln Sudbury Regional High School.
- I understand that I will receive the bi-weekly Opt-Out Incentive payments during the period of time I am not covered by the Town's health insurance.
- Should I choose to come back onto the Town's health insurance, the Opt Out payments will cease.
- Should I receive opt out money in error because I do not qualify for the program, I agree to reimburse the Town for all Opt Out money received.

Print Name: _____

Date: _____

Signature: _____