

Memo

To: All Employees
From: Timothy Little /Municipal Manager
Date: January 1, 2022
Re: Health Care Rebates

During the month of November it is Healthcare Open Enrollment for the Municipality of Monroeville. Health Care rebates will be offered based upon the premiums listed below:

Jan 1- December 31, 2022 Rates

| PPO1500Q | <u>2022 Premium</u> <u>Police Only</u> | <u>Capped 2016</u> <u>Premiums</u> <u>All other Unions</u> |
|---|---|---|
| Health Insurance and Prescription (Family) | \$2288.29 | \$1947.40 |
| Health Insurance and Prescription (Husband and Wife) | \$1993.02 | \$1700.19 |
| Health Insurance and Prescription (Parent and Child) | \$1771.58 | \$1521.94 |
| Health Insurance and Prescription (Individual) | \$738.16 | \$630.63 |
| Dental (Family) | \$99.91 | \$97.02 |
| Dental (Individual) | \$32.21 | \$31.92 |
| Enhanced Vision (Family) | \$18.20 | \$18.20 |
| Enhanced Vision (Individual) | \$7.45 | \$7.45 |
| Regular Vision (Family)- PW/Refuse Only | \$12.50 | \$12.50 |
| Regular Vision (Individual)- PW/Refuse Only | \$5.20 | \$5.05 |

Police Rebates for Hired After 4/6/16 will be \$ 3000 Annual for Family, H&W & P/C and \$1500 for Individual. Hired prior to 4/6/16 it will be 45% of 2022 Premiums.

Public Works & Refuse hired after 4/22/16 will be \$4000 Annual for Family and \$3000 Annual for all others. Hired prior to 4/22/2016 it will be 43% of 2016 Premiums.

Clerical Hired after 6/14/16 will be \$4000 Annual for Family and \$3000 for all others. Prior To 6/14/16 will be paid at 43% of 2016 Premiums.

Non-Union and Library are paid at a flat \$3000 annually.

MUNICIPALITY OF MONROEVILLE

INSURANCE REBATE PROGRAM

I, _____, do hereby authorize the Municipality of Monroeville to cease payment of healthcare insurance premiums per the coverage listed below. I acknowledge that this agreement in no way violates my rights or privileges provided for in the current collective bargaining agreement.

Effective Period: _____.

Please check coverage to be eliminated:

- | | |
|---|-------------------------------|
| _____ PPO 1500Q-Family | _____ Dental Family |
| _____ PPO 1500Q –Husband & Wife | _____ Dental Individual |
| _____ PPO 1500Q-Parent and Child/Children | _____ Enhanced Vision Family |
| _____ PPO 1500Q-Individual | _____ Enhanced Vision – Indiv |
| _____ Regular Vision – Family | _____ Regular Vision - Indiv |

This termination agreement shall be conditional on:

1. My receiving a rebate on any cost savings realized by the Municipality as a result of not paying premiums on the above coverage(s). These monies are to be received in monthly payments, as administratively possible.
2. I have provided a copy of proof that I am receiving health care else where.
3. I understand that I am only eligible to re-enroll into the Municipal Insurance Program during the open enrollment period. (May of each year) or if I have a qualifying life event.

Employee's Signature

Municipal Mgr's Signature

Date

Date