



Baldwin-Whitehall School District

AFFORDABLE CARE ACT- HEALTH INSURANCE BENEFITS FORM

2019-2020

The Baldwin-Whitehall School District (BWSD) provides health insurance coverage to its employees through the Allegheny County Schools Health Insurance Consortium (ACSHIC). Under the Affordable Care Act and the Baldwin-Whitehall School Board Resolution, all employees are now eligible to purchase health insurance, for themselves and their dependent children, at their own expense, starting on July 1, 2019. You may also purchase health insurance through the U.S. government’s marketplace at <https://www.healthcare.gov/>. The District is sending this letter to all employees and requesting that you mark your enrollment decision in the appropriate box at the bottom of this letter and **return it to Georgann Helman at Administration no later than Friday, June 7, 2019.**

The matrix below represents costs associated with different levels of Community Blue EPO coverage offered by Baldwin-Whitehall School District and ACSHIC:

**Baldwin-Whitehall School District/ACSHIC Monthly Benefit Premiums
(Rates in effect July 1, 2019 through June 30, 2020)**

Tier	Monthly Premium
Employee	\$571.21
Employee and Child	\$1,281.24
Employee and Children	\$1,409.34

This letter is not a guarantee for a specific number of hours of employment, but an offer for you to purchase health insurance at your own cost. If you choose to purchase health insurance through BWSD/ACSHIC, you will be billed monthly for the full cost of the premium. Failure to pay the premium will result in your coverage being terminated by BWSD/ACSHIC.

Should you have any questions regarding this offer of insurance coverage, please contact Georgann Helman at 412-884-6300 ext. 7461.

Return the original signed form to:

**Baldwin-Whitehall School District
District Administration
Attn: Georgann Helman
4900 Curry Road
Pittsburgh, PA 15236**

Mark an 'X' in the box that applies to you.

- I currently have health insurance coverage through BWSD/ACSHIC.
- I would like to purchase health insurance through BWSD/ACSHIC and I will contact Georgann Helman at (412) 884-6300 ext. 7461.
- I am declining to purchase health insurance coverage through BWSD/ACSHIC.
- I currently have health insurance coverage through another provider.

Name (Print)

Name (Signature)

Date

Action Required - All Employees Must Complete and Return This Form Annually

The Baldwin-Whitehall School District is an Equal Opportunity Employer