Baldwin-Whitehall School District

To: Employees in the Baldwin-Whitehall School District
From: Jennifer Seitzinger – HR/Risk Manager
Date: May 11, 2018
Topic: **Affordable Care Act- Health Insurance Benefits – ACTION REQUIRED**

ALL EMPLOYEES MUST COMPLETE AND RETURN THIS FORM ANNUALLY

The Baldwin-Whitehall School District 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, 2018. 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 - Administration - no later than June 8, 2018**.

The matrix below represents costs associated with different levels of Community Blue **EPO** coverage offered by the District and ACSHIC:

2018-2019 Baldwin-Whitehall School District/ACSHIC Monthly Benefit Premiums
(Rates in effect July 1, 2018 through June 30, 2019)

Tier	Monthly Premium
Employee	$560.56
Employee and Child	$1,257.35
Employee and Children	$1,383.06

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 the District 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 the District/ACSHIC.

Should you have any questions regarding this offer of insurance coverage, please contact the Human Resource Department at 412-884-6300 ext. 7461.

Return a signed copy to:
Baldwin-Whitehall School District
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 the Baldwin-Whitehall School District**

☐ **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 the district.**

☐ **I currently have health insurance coverage.**

_____ _____ _____
Name (Print) **Name (Signature)** **Date**