

**THIS SECTION TO BE COMPLETED BY THE EMPLOYER OF THE SPOUSE OF A
[SCHOOL DISTRICT] EMPLOYEE**

YOUR EMPLOYEE'S NAME: _____ (spouse of [School District] employee)

EMPLOYER'S NAME: _____

EMPLOYER'S MAILING ADDRESS: _____

Do you offer employer-sponsored group health insurance and/or prescription drug insurance (including, but not limited to, insurance requiring employee premium contributions):

(a) To employees? ____ YES ____ NO (b) To retirees? ____ YES ____ NO

Is this employee eligible to participate? ____ YES ____ NO

If no, explain why:

Do you offer a Health Savings Account (HSA) plan? ____ YES ____ NO

(a) Is this employee/retiree enrolled in the HSA plan? ____ YES ____ NO

Number of hours employee regularly works per week: _____

HEALTH INSURANCE PLAN INFORMATION

PLAN/GROUP # _____ EFFECTIVE DATE OF COVERAGE: _____

INSURANCE COMPANY/TPA NAME: _____

MAILING ADDRESS: _____

SINGLE COVERAGE COST ONLY:

MONTHLY EMPLOYER COST \$ _____ MONTHLY EMPLOYEE COST \$ _____ or _____%

PRESCRIPTION DRUG PLAN INFORMATION (If separate from Health Insurance)

PLAN/GROUP # _____ EFFECTIVE DATE OF COVERAGE: _____

INSURANCE COMPANY/PBM NAME: _____

MAILING ADDRESS: _____

SINGLE COVERAGE COST ONLY:

MONTHLY EMPLOYER COST \$ _____ MONTHLY EMPLOYEE COST \$ _____ or _____%

EMPLOYER CERTIFICATION

I HEREBY CERTIFY THE ABOVE EMPLOYER AND PLAN INFORMATION IS CORRECT

SPOUSE'S EMPLOYER SIGNATURE

PRINTED NAME AND TITLE

AREA CODE/PHONE

DATE

ATTENTION [SCHOOL DISTRICT]/PLAN PARTICIPANT: PLEASE RETURN COMPLETED CERTIFICATION TO YOUR DISTRICT TREASURER'S OFFICE.

SUBURBAN HEALTH CONSORTIUM

Working Spouse Coverage

The objective of the Working Spouse Coverage rule is to require other employers to be the primary payer of their own employees' health claims. It is not the objective to remove the working spouse from your plan. The working spouse may remain on your plan and receive secondary coverage through coordination of benefits as applicable.

What is the Working Spouse Coverage rule?

Spouses (of District employees) who are eligible for health insurance coverage from their own employers or retirement plans must enroll in that coverage. District employees must certify whether or not their spouses are eligible for coverage through their own employers or retirement plans. This rule applies to both medical and prescription drug benefits.

What happens if my spouse's employer's annual open enrollment period does not coincide with the effective date of the Working Spouse Coverage rule in my District (or any later date that my spouse is required by the rule to enroll in his/her employer's coverage)?

Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer (or former employer) or any public retirement plan, as required by the Working Spouse Coverage rule, shall be ineligible for benefits under such group insurance coverage sponsored by your District.

In compliance with federally mandated HIPAA requirements, your spouse's employer's plan is required to allow your spouse to enroll in that plan as of the effective date of the Working Spouse Coverage rule or any later date that your spouse is required by the rule to enroll in his/her employer's coverage, since your spouse will lose the District's coverage if he/she fails to enroll in his/her employer's plan.

How will my District know if my spouse has coverage available through his/her employer?

If you elect family coverage and wish to cover your spouse, you will be required to complete a questionnaire each year. Your spouse's employer must certify whether coverage is available.

If you submit false information in the certification, or fail to timely advise the District of a change in your spouse's eligibility for employer (or public retirement plan) sponsored group health and/or prescription drug insurance, and such false information or such failure by you results in the District's plan providing benefits to which your spouse is not entitled, you will be personally liable to the District's plan for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the District's plan. Any amount to be reimbursed by you may be deducted from the benefits to which you would otherwise be entitled. In addition, your spouse will be terminated immediately from the District's group health and/or prescription drug insurance coverage.

If you submit false information, you may be subject to disciplinary action by your District, up to and including termination of employment.

Are there any exceptions to the Working Spouse Coverage rule?

Yes, in the following situations:

- **Spouse Not Employed/Not Eligible:** The rule does not apply if your spouse is not employed or does not meet the eligibility requirements for health and/or prescription drug insurance coverage from his/her employer or retirement plan.
- **Spouse Employed Part-Time:** The rule does not apply to any employed spouse who works less than 30 hours per week AND is required to pay more than 50% of the single premium to participate in his/her employer's group health insurance coverage and/or prescription drug insurance coverage.
- **Spouse Enrolled in Medicare:** The rule does not apply to a spouse who is a retiree under a public retirement plan AND enrolled in Medicare. The rule also does not apply to a spouse age 65 or older (retired or employed) who is enrolled in Medicare and eligible for coverage under his/her former or current employer's health/prescription drug insurance plan IF the only coverage available under his/her former or current employer is a Medicare supplement.
- **Health Savings Account Sole Option:** The rule does not apply to a spouse who has only a Health Savings Account (no other plan option) available through his/her employer.
- **Sole Proprietor:** The rule does not apply to a spouse who is self-employed as a sole proprietor (but does apply to a self-employed spouse who has coverage available through his/her business as discussed below).

What if my spouse is self-employed but not as a sole proprietor?

If your spouse has coverage available through his/her business, he/she must enroll in that plan, or he/she may choose to obtain an individual policy for himself/herself. If your spouse does not have coverage available through his/her business, he/she is not required to obtain an individual policy (but rather may remain on your District's plan with primary coverage).

Does the Working Spouse Coverage rule affect my children's coverage?

No. The rule does not affect coverage for your eligible children.

If my spouse loses his/her job, or another "qualifying event" occurs causing the loss of his/her primary coverage, is there a waiting period before my spouse is eligible to receive primary coverage under my District's health care plan?

There is no waiting period. Coverage under your District's plan will become primary upon termination of the other coverage. You must notify your District of any change to your spouse's health or prescription drug coverage within 31 days of the event.

Does the Working Spouse Coverage rule mean that my District may still provide health care coverage for my spouse?

Yes. If your working spouse is enrolled in his/her employer's health/prescription drug plan, and that plan is not a Health Savings Account, the District will provide your working spouse with secondary coverage under the District's plan. Your spouse's employer's plan will be responsible for the initial processing and payment of claims in accordance with the spouse's plan. Any

unpaid balances may then be submitted to the District's plan for processing under Coordination of Benefits.

Please explain the "rules" of Health Coordination of Benefits (COB).

For a complete explanation of the COB processing rules, please refer to your Medical Mutual of Ohio (MMO) Benefit Book. Deductibles, copayments and coinsurance do apply. As the secondary payer, your District's plan will not pay more than it would have paid as the primary payer. Coordination of benefits may not cover all member balances in all circumstances.

Please explain the "rules" for Prescription Drug Coordination of Benefits (COB).

Your spouse will be required to show the pharmacy his/her primary insurance coverage ID card and pay the copay for the primary insurance coverage at the time the prescription is filled. If the copay for your secondary coverage is less, you may file a paper claim with the secondary coverage and receive reimbursement for the difference.

What if my spouse's plan is a Health Savings Account (HSA)?

The regulations applicable to an HSA do not permit your spouse to have secondary coverage under your District's plan. For further information regarding an HSA, you may visit <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

If my spouse's plan does not cover a procedure but my District's plan does, will the services be covered under my District's plan?

The claim must first be submitted to the primary insurance plan. If denied, the claim and denial provided on the Explanation of Benefits (EOB) can be submitted under your District's coverage for processing. Any payment will be based on your District's benefits and processing rules and would be subject to any deductibles, copayments, applicable coinsurance, exclusions or limitations.

If my spouse has secondary coverage under my District's plan, can he/she continue to take advantage of wellness programs offered by my District's plan?

Yes. Your spouse is still covered by your District's plan and is eligible to participate in wellness programs.

If my spouse is eligible for health/prescription drug coverage through his/her SERS or STRS retirement plan, is he/she required to enroll in that plan?

Yes (if your spouse is not enrolled in Medicare)

Is a retired spouse who is eligible for coverage under his/her former employer's health/prescription drug insurance plan required to enroll in such plan?

Yes (unless the only coverage available under his/her former employer is a Medicare supplement)