

Stark County Schools Council of Governments Working Spouse Coverage Frequently Asked Questions

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

1. What is the Working Spouse rule?

The rule makes a working spouse ineligible for the COG coverage if they are deemed to be ineligible for their own employer's group health plan by virtue of being an Eligible Dependent under the COG plan. Spouses of District/Entity employees who are eligible for health insurance coverage from their own employer must enroll in that coverage.

2. How does the Employee Certify Spouse's Eligibility?

District/Entity employees must certify whether or not their spouse is eligible for coverage through the spouse's employer on the form provided.

3. What is the effective date of the Working Spouse rule?

The Working Spouse Language is applicable to any **new** Employees to the Stark County Schools Council of Governments group insurance plan after June 30, 2015.

4. What happens if my spouse's employer's annual open enrollment period doesn't coincide with the effective date of Working Spouse rule?

- a. Any spouse who fails to enroll in any group insurance coverage sponsored by his or 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/Entity.
- b. In compliance with federally mandated HIPAA requirements, your spouse's employer's plan must allow your spouse to enroll in their plan since your spouse will lose the District/Entity's coverage if he or she fails to enroll in his or her employer's plan.

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

- a. 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.
- b. If you submit false information in the certification or fail to timely advise the District/Entity 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/Entity's plan providing benefits to which your spouse is not entitled, you will be personally liable to the District/Entity's plan for reimbursement of benefits and expenses, including attorneys' fee and costs, incurred by the District/Entity'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/Entity's group health and/or prescription drug insurance coverage.

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

6. Are there any exceptions to the Working Spouse Coverage rule?

Yes. In the following situations:

- a. **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 or her employer or retirement plan. See 4b.
- b. **Spouse Required to pay for Insurance Premiums:** The rule does not apply to any spouse who is required to pay more than 40% per month of the single coverage premium to participate in his or her employer's group health insurance coverage.
- c. **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 40% of the single premium to participate in her or her employer's group health insurance coverage and/or prescription drug insurance coverage.
- d. **Spouses Employed by the Same District/Entity:** Effective after June 30, 2015, new employees employed by the same district/entity may elect one family plan, or one family plan and one single plan. Spouses may not elect two family plans.
- e. **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 or her former or current employer's health/prescription drug insurance plan IF the only coverage available under his or her former or current employer is a Medicare supplement.
- f. **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 or her employer.
- g. **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 or her business as discussed below.)

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

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

8. How does the Working Spouse Coverage rule affect my children's coverage?

If the spouse's month and date of birth falls earlier in the year than the employee's month and date of birth, the spouse would need to enroll for family coverage with his/her employer. If the COG employee also enrolls for family coverage, the spouse and children would be covered for Coordination of Benefits after the spouse's employer coverage has been used.

If the COG employee's month and date of birth is earlier, then the COG employee may enroll in family coverage for the children. A Person's year of birth is not used in applying this rule.

9. What if my spouse is employed by another Stark County Schools Council of Governments Insurance Consortium District/Entity?

Effective after June 30, 2015, new employees employed by different Stark County Schools Council of Governments Insurance Consortium Districts/Entities may elect one family plan, or one family plan and one single plan. Spouses may not elect two family plans.

10. What if the Employee moves from one Stark County Schools Council of Governments District/Entity to another Stark County Schools Council of Governments District/Entity?

The rule does not apply to an employee who, prior to June 30, 2015, had insurance with one Stark County Schools Council of Governments employer and immediately thereafter, moves to another Stark County Schools Council of Governments employer.

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

There is no waiting period. Coverage under the Stark County Schools Council of Governments Insurance Consortium plan will become primary upon termination of the other coverage.

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

Yes. If your working spouse is enrolled in his or her employer’s health/prescription drug plan, and that plan is not a Health Savings Account, the District/Entity will provide your working spouse with secondary coverage under the District/Entity’s plan. Your spouse’s employer’s plan will be responsible for the initial processing and payment of claims in accordance with the spouses’ plan. Any unpaid balances may then be submitted to the District/Entity’s plan for processing under Coordination of Benefits.

13. What are the “rules” of Health Coordination of Benefits (COB)?

For a complete explanation of the COB processing rules, please refer to your Benefit Book. Deductibles, copayments and coinsurance do apply. As the secondary payer, your District/Entity’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.

14. What are the “rules” of Prescription Drug Coordination of Benefits (COB)?

Your spouse will be required to show the pharmacy his or her primary insurance coverage ID card and pay the copay for the primary insurance coverage at the time the prescription is filled. You may file a paper claim for secondary coverage with Medical Mutual or Aultcare.

15. 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/Entity’s plan. For further information regarding an HSA, you may visit <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

16. If my spouse's plan does not cover a procedure but my District/Entity's plan does, will the services be covered under my District/Entity'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/Entity's coverage for processing. Any payment will be based on your District/Entity's benefits and processing rules and would be subject to any deductibles, copayments, applicable coinsurance, exclusions or limitations.

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

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

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

Yes.

19. If my spouse is eligible for health/prescription drug coverage under his or her former employer's health/prescription drug insurance plan required to enroll in such plan?

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

20. If my spouse is disabled, is he or she required to enroll in his or her employer's coverage?

Yes. If your spouse meets the eligibility requirements of his or her employer's plan, he or she is required to enroll in their employer's coverage for at least a single premium plan.

21. Does the Working Spouse Rule apply if the spouse is on Social Security or on Medicare?

No. It does not apply to a spouse on Social Security or Medicare.

22. Who do I contact if I have questions?

Please contact Kim Sanford at the Stark County Educational Service Center, kim.sanford@email.sparcc.org, if you have questions on the Working Spouse Coverage Rule and/or Coordination of Benefits (COB).