



CITY OF PROVIDENCE

Jorge O. Elorza, Mayor

Spousal Coverage Frequently Asked Questions

1. Will my spouse or qualifying ex-spouse still receive coverage under my family plan through the City of Providence?

Your spouse or qualifying ex-spouse will remain eligible to receive coverage through the City of Providence **ONLY IF** you complete and return the certification form which has been sent to you. If your spouse does not have access to coverage elsewhere, then you must check the appropriate box, sign and return the form. If your spouse does have access to other coverage, then you must check the appropriate box, enroll in other coverage, and provide the requested information. Once your spouse is enrolled in their employer's plan, the City of Providence will pay benefits as a "secondary insurer" –after the other coverage has paid for benefits, the City of Providence's plan will pay any remaining charges if covered by the City of Providence's plan. Your spouse will only be removed as a result of failure to complete and return the form during the timeframe provided.

2. If my spouse or qualifying ex-spouse has coverage through another employer and is on the City of Providence plan as the secondary insurer, which ID card should he/she use when going to the doctor or picking up a prescription?

When seeing a medical provider, your spouse/ex-spouse should present the provider with his/her employer's card as well as his/her City of Providence's card. The two plans will coordinate the processing of the claim so that payments are made in the proper order.

When picking up a prescription, your spouse/ex-spouse must present the pharmacy with his/her employer's card as well as his/her City of Providence Rx card. The two plans will coordinate the processing of the claim so that payments are made in the proper order.

If your pharmacy cannot process electronic COB at point of service, you may complete a paper claim form for reimbursement of the co-pay. The form can be found on the CVS Caremark website at www.caremark.com. You will need to sign in and then click on the section titled "Understand My Plan and Benefits." Scroll over that title and look for the drop down menu. Select "Make A Reimbursement Claim" and follow instructions for submission.

3. What if my spouse or qualifying ex-spouse leaves his/her other employer and will no longer have access to healthcare coverage?

If your spouse/ex-spouse no longer has access to other coverage at his/her employer, the City of Providence will pay as the primary insurer. If this situation arises, please submit documentation

from the employer sponsored health plan of the coverage termination including the date of termination. Also feel free contact the Benefits Department at 401-680-5279 to request a new certification form, which must be signed and returned to the City of Providence.

4. What if my spouse or qualifying ex-spouse has to pay for coverage through his/her employer, will the City of Providence reimburse for that cost?

Yes, the City of Providence will reimburse for the cost of coverage/premiums paid out of pocket. In order for your spouse/ex-spouse to receive reimbursement, you or your spouse/ex-spouse will need to provide the Benefits Department with the following:

- Completed certification form
- Coverage effective date
- Cost (either annual, monthly or per paycheck, but if per paycheck we need frequency of paycheck **and** number of paychecks per year- i.e. if it is bi-weekly; we need to know that the employee gets paid all year. The reason for this is that some people, i.e. teachers are not paid throughout the whole year)
 - o Please note the cost of coverage can also be portrayed in a summary of benefits, which is all acceptable documentation
- Indication that the coverage is single only

Also- all information on the certification form must be completed. This information includes:

- Identification number for the new insurance
- Insurance company of the new insurance
- Other family members covered on the plan (if applicable)
***Please note the City of Providence is only requiring your spouse or qualifying ex-spouse to enroll individual coverage. The City of Providence will not reimburse for the family rate.**
- Group name
- Policy holder

This information can come from 2 consecutive paychecks (as long as the paycheck indicates all of these items), or via letter from the employer. A photocopy of the ID card is sufficient for the other insurance information. Once this information is provided, the City of Providence will reimburse you through your City of Providence paycheck for the individual premium rate your spouse/ex-spouse contributed to his/her employer sponsored health plan.

Please note: If your spouse/ex-spouse is providing a paystub as proof, the stub must clearly show that the deduction is for individual coverage only. If this is not clear on the paystub, the City of Providence will require a letter from your employer explaining the cost.

The City of Providence will not reimburse for dependent coverage, vision or dental coverage.

5. **My spouse or qualifying ex-spouse is getting \$XX taken out of their paycheck for the cost of the individual plan. How am I compensated for this cost?**

The City will calculate the bi-weekly cost for individual coverage that your spouse/ex-spouse is being charged. That amount will be paid to you in your paycheck under the code HRM.

6. **What if my spouse or qualifying ex-spouse has access to coverage through another employer's plan, but chooses not to take this coverage?**

If your spouse/ex-spouse has access to coverage and chooses not to take it, your spouse/ex-spouses will no longer be eligible to participate in the City of Providence's health plan.

7. **What happens if my doctor does not accept my spouse's/ex-spouse's coverage?**

The City will pick up the cost as primary.

8. **What if my spouse or qualifying ex-spouse is only offered an H.S.A. plan? Am I still required to participate in COB?**

No, if your spouse/ex-spouse is only offered an H.S.A. plan, you are not required to participate in COB (proof/documentation required).

9. **Now that my spouse or qualifying ex-spouse is being transferred to secondary coverage, will I continue to pay family co-share?**

Yes. Your spouse/ex-spouse will still be on your family plan, but it would be as secondary coverage. Family co-share still applies.

10. **What if my spouse or qualifying ex-spouse is currently receiving social security disability benefits. Do I still need to participate in COB?**

No, if your spouse/ex-spouse is receiving social security benefits, you do not need to participate in COB.

11. **My spouse or qualifying ex-spouse is currently eligible for a healthcare buy-out payment from their employer for not enrolling in their employer's coverage. Will I be reimbursed for that amount?**

No. The City will only reimburse you for the cost of your spouse's/ex-spouse's individual plan premium.

12. **Does this change apply to dental coverage?**

No, this change applies to medical and prescription coverage only. Your spouse's/ex-spouse's dental coverage will remain unchanged.

HUMAN RESOURCES

13. What if my spouse's employer plan says that my spouse has to wait until Open Enrollment to sign up for benefits?

The letter provided in this packet should be shown to your spouse's employer to prove loss of primary coverage through the City of Providence. Most employers allow their employees to elect coverage outside of an Open Enrollment period, assuming a qualifying event occurs. In most cases, loss of other coverage is considered to be a qualifying event. If the employer still states that your spouse or qualifying ex-spouse has to wait for the Open Enrollment period to enroll, you must provide a letter from your spouse's employer stating this information and you will not be required to participate in COB until the Open Enrollment date.

Where do I send my completed "Certification Form"?

Please send the fully executed certification form and supporting documentation to the following address:

**City of Providence
Benefits Department
PO Box 1656
Providence, RI 02901**

PLEASE NOTE: IT IS IMPERATIVE THAT YOU USE THE ZIP CODE "02901" LISTED ABOVE. FAILURE TO DO SO MAY RESULT IN THIS OFFICE NOT RECEIVING YOUR DOCUMENTATION.

14. What if my spouse does not have access to other coverage. What do I need to do?

You only need to check off the box on the form that you will receive in the mail that applies to your situation and return to the City Benefits Office.