Coordination of Benefits FAQ

Who does this apply to and what is the COB Form?
This applies to employees covering a spouse or qualified ex-spouse who have access to health insurance through their own employer.

*All employees covering a spouse/ex-spouse must complete the **Coordination of Benefits (COB) Form**, which confirms whether your spouse has access to other coverage and determines how the City coverage and any reimbursement will be handled.*

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1. What do I need to do?

Complete and return the COB Form within 30 days.

- If your spouse **does NOT have access** to other coverage → complete the COB form with applicable reason and return it to Total Rewards.
- If your spouse **DOES have access** to other coverage → they must enroll in their employer's plan and you must provide required documentation listed on the form.
- If your spouse **LOSES** their other coverage, you must notify us within 30 days so that the City plan becomes primary and so that we cancel the COB that we have on file.

Failure to complete the COB Form may result in your spouse being removed from the City's plan.

2. How does coverage work if my spouse has access to other insurance?

- Your spouse/ex-spouse remains enrolled in full coverage with the City
- Your spouse/ex-spouse must enroll in their employer's plan (the City will reimburse for individual coverage only)
- Their employer plan becomes primary (their employer pays first) and the City plan becomes secondary (covers eligible remaining costs)
- Whatever the employer plan does not cover, the City plan may cover (if eligible)
- If the only plan available to a working spouse is an HSA, the spouse does not need to enroll (proof/documentation is still required)

3. How do we use two insurance plans?

- At the doctor → show **both insurance cards**
- At the pharmacy → provide **both cards (medical + Rx)**

The plans *should* coordinate payments but if needed, you may submit a reimbursement claim through CVS Caremark by signing in and clicking "Understand My Plan and Benefits" and then clicking "Make a Reimbursement Claim".

4. Will I be reimbursed for my spouse's insurance costs? Yes, here's how:

- You will be reimbursed through your paycheck with a code of HRM
- The reimbursement equals the cost your spouse pays for **individual** coverage through their employer.
- Reimbursement is for **individual medical coverage only**. There is **no** reimbursement for **family medical coverage, dental, vision or buy-out payments.**

5. What do I need to submit for reimbursement?

To receive reimbursement, you must provide:

- Completed COB Form
- Proof of coverage (insurance ID card)
- Cost of coverage (paystubs **and** employer letter)
- Coverage effective date

Send to: benefits@providenceri.gov

6. What if my spouse does NOT have access to other coverage?

- Complete and return the **COB Form**
- No additional action is required
- The City plan remains **primary**

7. What if my spouse chooses not to enroll in available coverage?

If your spouse has access to employer coverage but does not enroll, they will no longer be eligible for the City's health plan.

8. Are there exceptions? Yes, your spouse does NOT need to enroll in other coverage if:

- The only option available is an **HSA plan** (**documentation required**)
- They receive **Social Security disability benefits**

- They must wait until **Open Enrollment** (**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. Are reimbursements taxable?

Yes. Your spouse's/ex-spouse's co-share is deducted from their employer using pre-tax dollars. When you are reimbursed, it is considered taxable earnings per IRS regulations. This generally nets out to be a zero-impact to you for tax purposes.