

ARUP LABORATORIES SPOUSAL PLAN (SPLAN)



Frequently Asked Questions

ARUP Laboratories is proud to continue to offer all eligible employees a comprehensive medical benefit plan. ARUP employees will have the option to decline spousal enrollment or personal enrollment in ARUP's medical benefits plan and receive compensation for costs associated with enrolling in an alternate employer-provided health benefits plan or other qualified health coverage plan.

If your spouse is not employed, or does not have access to an employer-provided health benefits plan or qualified alternate health coverage, this option does not impact you.

Please note: A high-deductible health plan (HDHP) with a health savings account (HSA), Medicare, or Retiree Tricare coverage **does not qualify** as alternate group health coverage.

WHAT IS A SPOUSAL PLAN?

The ARUP Spousal Plan (SPLAN) is a medical expense reimbursement program. Employees have the option to decline ARUP's medical benefits plan and receive compensation for costs associated with enrolling in an alternate employer-provided health benefits plan or other qualified health coverage plan. The program reimbursement includes:

- Deductibles
- Co-pays
- Co-insurance
- Prescriptions
- The equivalent between the alternate plan monthly premium contribution and the cost an ARUP employee would pay for coverage of their spouse under the ARUP medical plan.

$$\text{Alternate Plan Monthly Premium} - \text{ARUP Medical Plan Spousal Premium Equivalent} = \text{SPLAN Reimbursement}$$

Enrollment into SPLAN does not impact access to the ARUP Family Health Clinic. All employees of ARUP, their spouses, and their dependents are eligible to use the clinic.

SECTION I—SPLAN BENEFITS

1. What is covered under the SPLAN?

The SPLAN reimburses medical and prescription out-of-pocket costs for deductibles, co-pays, co-insurance, and pharmacy.

2. Is there a calendar year maximum?

Yes. The maximum amount the program will reimburse per calendar year for deductibles, co-pays, co-insurance, and prescriptions is \$7,900 for individual coverage and \$15,800 for family coverage.

3. How are employee premiums reimbursed under the SPLAN?

If the alternate group health plan has a higher premium cost than the premium equivalent for the ARUP Laboratories medical plan, you will be reimbursed the difference in premiums for the people leaving the ARUP plan.

For example: The ARUP premium equivalent for you and your family is \$250.00 per month. The cost for a family plan with your alternate health plan is \$600 per month. In this scenario you will be reimbursed \$350.00 per month (\$600-\$250.00 = \$350.00). This amount will be reimbursed on the 1st and 15th of each month through NBS on a continual basis.

Pre-taxed premiums on the alternate plan are considered taxable income.

4. Is there a cost to the employee for the SPLAN?

No, there is no cost to the employee.

5. What happens if my spouse's network does not include my current doctor?

The SPLAN will only reimburse you for deductibles, co-pays, and co-insurance (up to the SPLAN maximum limits) for services or benefits covered under the alternate plan. If the alternate plan does not include out-of-network services or benefits, these are not eligible for reimbursement under the SPLAN. You should check the network access on your alternate plan as well as the prescription formulary to assure that your providers and prescriptions will be covered.

6. If my spouse's plan does NOT cover a procedure, will that procedure be a covered expense under the SPLAN?

No. If your alternate coverage does not cover the procedure, it is not a covered expense under the SPLAN and will not be reimbursed.

SECTION II—ELIGIBILITY

7. Am I eligible to enroll into the SPLAN?

All regular employees scheduled to work at least 20 hours per week and their eligible dependents may enroll into SPLAN, provided they have access to alternate qualified health insurance plans.

8. What is alternate group health coverage? Alternate group health coverage includes other employer group health plans, such as one offered by your spouse's employer or a retirement plan for which you may be eligible from a previous or secondary employer. A high-deductible health plan (HDHP) with a health savings account (HSA), Medicare, or Retiree Tricare coverage do not qualify as alternate group health coverage. If the alternate coverage is an HDHP and you are able to drop the HSA, you may be eligible to enroll in the SPLAN.

9. If I am currently enrolled with my children in the ARUP Laboratories Medical Plan, and my spouse is enrolled in his/her employer's plan, is my entire family eligible for this plan?

The plan will reimburse the out-of-pocket expenses for all family members covered by an alternate employer plan.

10. If my entire family is currently on the ARUP Laboratories Medical Plan, and I enroll my entire family on my spouse's group plan, is my entire family eligible?

Yes, because the entire family is eligible to enroll in the ARUP Laboratories Medical Plan, the entire family would enroll into your spouse's group plan and the entire family would be covered under the SPLAN.

11. If I am age 65 or older and Medicare is my primary coverage, am I eligible to enroll into the SPLAN?

No. If Medicare is your primary coverage, then you do not meet the definition of having alternate group coverage and you will not be eligible to enroll in the SPLAN.

12. If my spouse and I both work for ARUP Laboratories and our only coverage option is the ARUP Laboratories Medical Plan, is either one of us eligible for the SPLAN?

No, because neither one of you have access to alternate coverage through a non-ARUP Laboratories-sponsored medical plan.

13. If I currently have individual coverage on the ARUP Laboratories Medical Plan and I have alternate coverage with my other non-ARUP Laboratories job, am I eligible for this plan?

Yes. You could enroll into the group plan through your non-ARUP Laboratories employer and you would be eligible for the SPLAN.

14. I recently got married and I am now eligible for alternate coverage. Can I enroll in the SPLAN?

Yes. Marriage is a qualifying life event. If your new married status allows you to enroll in your new spouse's coverage, you may enroll in the SPLAN after you have enrolled in your alternative coverage.

15. Am I eligible for the SPLAN if my alternate coverage is a high-deductible health plan with an HSA (health savings account)?

No. The HSA and the SPLAN are both pre-tax programs and the IRS does not allow you to be reimbursed under both programs. If your alternate plan allows you to waive or opt-out of the HSA, you may be eligible to participate in the SPLAN.

16. Can I enroll in the SPLAN AND the Healthcare Flexible Spending Account (FSA)?

Employees may enroll in both the SPLAN and an FSA; **however**, employees may not be reimbursed for the same expenses under both plans. Employees enrolled in the SPLAN may wish to enroll in the FSA to cover expenses that are not otherwise covered by the medical plan. This includes expenses such as dental care, contact lenses, and prescription drugs not covered by your group plan. Employees who elect to enroll in the SPLAN and the FSA should carefully evaluate their expenses so that they do not contribute too much towards the FSA and risk forfeiting the unused FSA funds at year-end.

17. What if I waive coverage in the ARUP Laboratories Medical Plan, enroll in the SPLAN, and then lose access to coverage in my spouse's plan?

As long as you let ARUP Laboratories know within 30 days of a qualifying life event, you and your eligible dependents may enroll in the ARUP Laboratories Medical Plan with no lapse in coverage.

18. When can I cancel the SPLAN?

You can change your election during open enrollment or within 30 days of a qualifying life event and enroll in the ARUP Laboratories Medical Plan.

19. How is my current dental and vision coverage affected?

You may remain enrolled in your current ARUP Laboratories-sponsored dental and vision plans.

SECTION III—ENROLLMENT

20. How do I enroll in the SPLAN?

- i. Enroll in an alternate group health plan, such as your spouse's group plan or other group coverage. This must be a non-ARUP Laboratories-sponsored health plan.
- ii. Fill out the continual reimbursement form at www.aruplab.com/benefits/spousal and submit it to NBS. Include your spouse's proof of deduction premium.

SECTION IV—CLAIMS

21. How are medical claims filed?

Present the provider with your alternate insurance ID card. You will receive an Explanation of Benefits (EOB) from your insurance provider once the claim is processed.

Submit your EOB to National Benefits Services (NBS) for reimbursement. You can submit your claim via:

- NBS mobile app
- www.nbsbenefits.com
- File a paper claim (available at www.aruplab.com/benefits/spousal)

22. How are pharmacy claims filed?

Present the pharmacy with your alternate insurance ID card and pay for the prescription out-of-pocket.

Do not use your flexible spending account for spousal plan claims.

Submit your pharmacy receipts to National Benefits Services (NBS) for reimbursement. You can submit your claim via:

- NBS mobile app
- www.nbsbenefits.com
- File a paper claim (available at www.aruplab.com/benefits/spousal)

23. How will I be reimbursed?

Upload all claims to the NBS website. You can choose to have NBS pay the provider directly or reimburse you. Claims will be processed and direct deposited into your selected account typically within three business days.

SECTION V—PREMIUM REIMBURSEMENTS

24. What if the premium for my alternate plan is higher than the ARUP Laboratories Medical Plan?

The SPLAN will reimburse you for any difference in premium for the alternate plan. Therefore, if the cost for the alternate plan is higher than the ARUP medical plan premium equivalent, you will be paid the difference between the plans to a maximum of:

- \$250 per individual
- \$500 per two-party
- \$750 per family

25. What if my spouse's employer charges a surcharge if I enroll in his/her plan?

Surcharges relating to spousal or dependent coverage, or tobacco-use will not be reimbursed.

26. What if there is a change to my spouse's premium?

Most employers revise their premiums annually. You must inform NBS of premium changes as soon as possible, but not later than 30 days after an increase or decrease in premium contributions, so that your reimbursement can be appropriately adjusted.

WHERE TO FILE CLAIMS & ASK QUESTIONS

National Benefits Services

8523 South Redwood Road
West Jordan, Utah 84088
(801) 532-4000
(800) 274-0503
Fax: (800) 478-1528
www.nbsbenefits.com