

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 have the option to decline enrollment in ARUP's medical benefits plan and receive compensation for costs associated with enrolling in an alternate employer- provided health plan or enrolling in your spouse's health coverage plan.

If you don't have access to an alternate health plan, or if your spouse is not employed or does not have access to an employer-provided health plan or qualified alternate health coverage, you do not qualify for this program.

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 THE SPOUSAL PLAN?

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

- Deductibles
- Copays
- Coinsurance
- Prescriptions
- The difference between the alternate plan's monthly premium contribution and the cost an ARUP employee would pay for coverage of their spouse under an ARUP medical plan.

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

Enrollment in SPAN does not impact your access to the ARUP Family Health Clinic. ARUP employees, their spouses, and their registered dependents are eligible to use the clinic.

SECTION I—SPAN BENEFITS

1. What is covered under the SPAN?

The SPAN reimburses the difference between the alternate plan premium and the Spousal plan premium equivalent. It also reimburses medical and pharmacy out-of-pocket costs for deductibles, copays, coinsurance, and prescriptions.

2. Is there a calendar year maximum?

Yes, the maximum amount the program will reimburse per calendar year for deductibles, copays, coinsurance, and prescriptions is \$10,600 for individual coverage and \$21,200 for family coverage.

3. How are employee premiums reimbursed under the SPAN?

Under the SPAN, you are able to enroll in an alternate health plan, and ARUP will reimburse you for the cost difference between the alternate plan and the Spousal plan premium equivalent.

For example, the Spousal plan premium equivalent for you and your family is \$268 per month. The cost for a family plan with your alternate plan is \$600 per month. In this scenario, you will be reimbursed \$332 per month (\$600 - \$268.00 = \$332.00). This amount will be reimbursed in two installments, 50% on the 1st and the other 50% on the 15th of each month, through National Benefits Services (NBS) on a continual basis. Pre-taxed premiums on the alternate plan are considered taxable income.

4. Is there a cost to the employee to enroll in the SPAN?

No, there is no cost to the employee to enroll.

The difference between your alternate plan and the Spousal plan premium equivalent is reimbursed, and you are also reimbursed for deductibles, copays, coinsurance, and prescriptions.

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

The SPAN will only reimburse you for deductibles, copays, and coinsurance (up to the SPAN maximum limit) for services and benefits that are covered under the alternate plan. If the alternate plan does not include



Spousal Plan

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 the SPLAN, provided they have access to a qualified alternate health insurance plan.

8. What are examples of qualified alternate plans?

Qualified alternate plans include 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 plans. If the alternate plan 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 an ARUP medical plan, and my spouse is enrolled in their employer's plan, is my entire family eligible for this plan?

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

10. If my entire family is currently on an ARUP medical plan, and I enroll my entire family on my spouse's group plan, is my entire family eligible for the SPLAN?

Yes, because the entire family is enrolled in an alternate plan, the entire family would be eligible for coverage under the SPLAN.

11. If I am 65 years old 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 options are ARUP medical plans, is either one of us eligible for the SPLAN?

No, neither one of you would be eligible for the SPLAN if you don't have access to a qualified alternate plan.

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

Yes, you could enroll into an alternate plan through your non-ARUP Laboratories employer and you would be eligible for the SPLAN. Remember to cancel your ARUP medical plan and select the Spousal Plan during open enrollment.

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 marriage status allows you to enroll in your spouse's coverage, you may enroll in the SPLAN after you have enrolled in your alternate plan.

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

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 a 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 could include 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 an 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 the end of the year.

17. What if I waive coverage from an ARUP 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 an ARUP 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.

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

You may remain enrolled in your current ARUP sponsored dental and vision plans. The SPLAN only covers medical expenses.

SECTION III—ENROLLMENT

20. How do I enroll in the SPLAN?

- i. Enroll in an alternate plan, such as your spouse's group plan or other group coverage. This must be a non-ARUP Laboratories-sponsored health plan.
- ii. Enroll in the SPLAN in UKG Pro during open enrollment or within 30 days of a qualifying life event.
- iii. 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 FSA for SPLAN claims.**

Submit your pharmacy receipts to NBS for reimbursement. You can submit your claim via:

- The NBS mobile app
- The NBS website: www.nbsbenefits.com
- 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 Spousal plan's premium equivalent?

The SPLAN reimburses you for paying a higher premium with an alternate plan. Therefore, if the cost for the alternate plan is higher than the Spousal plan premium equivalent, you will be paid the difference between the plans to a maximum of:

- \$500 per individual
- \$750 per two party
- \$1000 per family

25. What if my spouse's employer charges a surcharge if I enroll in their 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 plan 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 AND ASK QUESTIONS

National Benefits Services

801-532-4000

800-274-0503

Fax: 800-478-1528

www.nbsbenefits.com