Below are some “Frequently Asked Questions” with answers regarding spouse coverages starting with the 2016 plan year.

**Will my spouse be covered by Foundation’s healthcare Plan?**

Working spouses with medical benefits available from their own employer will lose eligibility for medical coverage under the Foundations’ Plan beginning January 1, 2016. If your spouse isn't offered health benefits from their employer, or doesn't work at all, you may enroll your spouse in Foundations’ health insurance plan.

**What are other companies doing to keep health care coverage affordable?**

With any design change, we consider what other companies are doing and obviously we consider heavily how any change might impact our employees, either positively or otherwise. Based on market data, in 2016, it is anticipated that 35% of companies will exclude working spouses who have healthcare coverage from their own employer.

**What percentage of employees in Foundation’s Plan have working spouses?**

About 100 spouses are covered by the Foundations’ Plan today. Benchmarking analysis estimate that about 70 of these would have health care coverage available through their own employers. That works out to be about 30% of the 230 employees enrolled in our health plans today.

**If my spouse is not eligible for Foundations’ medical benefits, can they still receive dental, vision, and life insurance coverage?**

You may enroll your spouse in Foundations’ dental, vision, and supplemental benefits such as life insurance. This is true even if your spouse is already enrolled in dental, vision, and supplemental coverage from your spouse’s employer.

**What if a spouse is covered by their employer and loses their job? Does the spouse have to elect and exhaust COBRA coverage before being eligible for enrollment in the Foundation’s Plan?**

No. If a spouse loses coverage because they left their employer, that event qualifies as a "life event," and the spouse can be enrolled in Foundations’ Plan at that time (within 30 days of a loss of coverage). The Foundation employee must contact the Benefits Administrator, Nora Fernandez within 30 days of the spouse lost coverage from the former employer to ensure a continuation of healthcare coverage.
My spouse is currently between jobs. Can I enroll my spouse in the Foundation Plan for 2016?

Yes, as long as they are not eligible for coverage from a previous employer. However, if at any time your spouse becomes employed and is offered medical coverage through their new employer, they are no longer eligible for health insurance from a Foundation Plan. You must contact the Benefits Administrator, Nora Fernandez 30 days of the effective date their coverage begins through their employer, to drop your spouse from your plan coverage.

What are my working spouse's options for coverage after December 31, 2015?

If your spouse works and is eligible for coverage from their own employer—regardless of whether they are actually enrolled in that coverage, your spouse is not eligible to participate in the Foundation’s medical coverage beginning on January 1, 2016. However, once your spouse enrolls in their plan, they are eligible to enroll in Foundation’s plan, and Foundation will operate as a “secondary” payer for insurance purposes.

My spouse works and has coverage available from their employer. What do I need to do?

Start by obtaining information about your spouse's employer plan such as:
- Annual enrollment period
- Covered medical expenses
- The amount the plans will pay for covered expenses
- The amount you must pay for medical coverage
- The voluntary benefits that are available, if any, under the plan

Then, enroll as soon as possible but not later than January 1, 2016.

Some companies allow a spouse to be covered for an extra premium amount – why didn’t Foundation take this approach?

Implementing a premium increase to cover your spouse was one of the options we considered. Since the underlying basis for the Affordable Care Act was to require employers to provide affordable coverage to their employees, we believe your spouse should be covered by their own employer—just as the Foundation has a responsibility to offer coverage to its employees. This decision seemed to be best aligned with one of the main purposes of the Affordable Care Act when compared to other approaches.

Why is the Foundation changing the eligibility rules to exclude my working spouse?

This change is consistent with the way many large employers are responding to the costs associated with the Health Care Reform legislation. A working spouse is ineligible for the Foundation medical insurance when he or she is eligible for medical coverage provided by their own employer. This allows Foundation to continue to provide its employees and their families with the coverage they need and at an affordable cost. However, Foundations’ plan does allow spouses to enroll in its plan if they are not
offered healthcare coverage through their own employer, and also allows a covered
spouse to enroll in Foundation’s plan if they have enrolled in their employer’s plan, which
then would allow Foundation’s plan to pay as a “secondary payer”.

**My spouse is on Medicare. Can they still be enrolled in Foundation’s Plan?**

Yes, unless your spouse is also eligible for health care coverage from an employer.
Medicare is not considered employer-provided coverage.

**Will my stepchildren remain eligible for Foundations Plan?**

Stepchildren will continue to be eligible for Foundation’s Plan as long as they continue to
meet the eligibility requirements, as described in Foundation Benefits Brochure. You and
your spouse should also consider your spouse’s employer plan, to see whether your
spouse’s plan might be a better fit for your situation or your stepchildren’s particular needs.

**Which employer's plan will covers our children (mine or the plan my
spouse has)?**

If your spouse’s employer provides coverage for an employee’s children, and your
children meet the eligibility requirements for both plans, you and your spouse will decide
the plan in which you will enroll your children.

Start by comparing key features of both plans. A summary plan description must be made
available to you from both employers, to show you what expenses are covered and how
much the plan will pay.

Go to your Kronos Self Service to review the Foundation plan summary.

Also consider the employee's cost of coverage under each plan. In some cases, your
children can be covered under both plans; however, this may be the costliest solution,
depending on the specific health care needs of your children.

During annual enrollment, if you have any additional questions, please contact
Employment Services, Nora Fernandez, nfernandez@cpp.edu or Angelique
Hernandez, angeliqueh@cpp.edu.