
Q-What if my spouse's health insurance has more than one option that costs less than \$120 per month?

A-Effective January 1, 2005, if your spouse can choose between more than one option (for example: his/her employer offers one plan for a cost of \$70 per month and another health plan option at \$25 per month). Your spouse is required to choose the option with the most benefits, that cost less than \$120 per month. In the example given, your spouse must choose the \$70 per month plan.

The \$70 per month health plan has lower out-of-pocket expenses than the \$25 per month health plan.

This cost threshold applies ONLY to medical and prescription coverage not coverage for dental, vision, life etc..

Please contact the Fund office, if you need assistance.

Effective Date:

This Policy Notice for Spouses of Participants with access to other Health coverage is effective July 1, 2003.

How To Contact Us:

If you have questions or need further assistance regarding this Notice, please contact the Fund Office:

Toledo Electrical Benefit Plans

727 Lime City Road

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Rossford, Ohio 43460

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This Notice Describes the Fund Policy on Spouses With Access To Other Health Coverage.

Failure to Comply Could Result in Loss of Eligibility.



Policy For Spouses of Participants With Access to Other Health Coverage

For the Toledo Electrical Benefit Plans

Effective: January 1, 2020

Revised: 9/30/2019

Frequently Asked Questions

Q-Why is the Fund doing this?

A-Research has found that many other health insurance programs are doing the same thing. Without this policy, the Fund will pay more than its share of claims. Spouses who have reasonable access to other health insurance may be encouraged by their employers to waive their right to other coverage. By instituting this policy, the Fund is “leveling the field” with other area employers.

Q-What does \$120 per month mean?

A-If your spouse has access to other coverage and the cost is \$120 or less per month, your spouse must enroll in that other coverage. The \$120 per month is the amount your spouse typically would pay through payroll deduction for medical and prescription coverage.

Q-Is my spouse required to enroll other family members in his/her plan?

A-No, only your spouse is required to enroll in the other coverage. **However, there may be a financial advantage for your family if your spouse enrolls you and/or your children in the other plan.** If you have children and your spouse’s birthday falls earlier in the year than yours, you could save money on out-of-pocket costs, and allow your VEBA account balance to grow for the future. Contact the fund office and we can help you make the best choice for your family.

Q-My spouse’s insurance has an open enrollment period and it is a different time in the year. What should we do?

A-Open enrollments can make exceptions if your current health care coverage (the Fund) makes a significant change. This policy change is a significant change according to IRS rules, allowing your spouse and/or family to sign up.

Q-My spouse was told by his/her employer that under no circumstances would we be allowed to enroll until the next open enrollment period. What should we do?

A-Contact the Fund Office for assistance. Let us know the type of insurance (Aetna, Medical Mutual, etc.) and a contact name and phone number at your spouse’s employer.

Q-If my spouse signs up for other coverage, how is coverage with the Fund affected?

A-Your spouse will still be covered under the Fund with all benefits that you have now. For Health insurance, the difference will be which health coverage will pay first and which one will pay second.



Q-How is prescription coverage affected?

A-If your spouse’s coverage pays first, simply submit your receipt that shows the amount paid by the other insurance, and we will reimburse you for your co-pay. For example, if the other insurance pays \$60 for a \$90 prescription, the Health and Welfare Fund will reimburse you for the \$30 out of pocket expense. Our plan coordinates at 100%.

Q-How are vision and dental affected?

A-It is not mandatory for your spouse to enroll in other dental or vision coverage. **However, there may be a financial advantage for your family if your spouse enrolls you and/or your children in the other plan.** Contact the Fund office and we can help you make the best choice for your family.

Q-What happens if my spouse has access to other coverage for \$120 or less per month, and he/she does not enroll?

A-He/she may lose eligibility in the Toledo Electrical Welfare Fund.

Note: While it is mandatory for participants’ spouses to sign up for available medical and prescription coverage, it may be to your advantage to enroll other family members and to take advantage of other available Vision and Dental coverage. If you have questions about your particular situation, please contact the Fund office. We can help you determine which options will save you the most money!

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