

May 2022

IMPORTANT NOTICE ABOUT YOUR HEALTH INSURANCE BENEFITS
(Spousal and Dependent Eligibility Rule)

Your school district maintains a Spousal and Dependent Eligibility Rule that requires family members to maintain other health insurance coverage **unless** certain criteria are met. Each year the Putnam/Northern Westchester BOCES' Office of Risk Management verifies the eligibility criteria of **all** spouses and/or children of District employees/retirees enrolled in the District's Health Insurance Plan.

It is vital that you review all information in this notice. Action is required for your spouse and/or child(ren)'s health insurance coverage by either:

- a) Ensuring that they are covered under another health plan, or
- b) Completing the online Certification of Spousal and Dependent Eligibility

VERY IMPORTANT: Please be aware that the Certification of Spousal and Dependent Eligibility is subject to audit. Any incorrect information entered can result in the employee/retiree being required to reimburse the school district up to \$881 per month for FY 2022-2023. This additional premium "buy-in" is in addition to any other premium cost sharing the school district requires. Falsification of required documents is prohibited. Any knowing or negligent misrepresentation of a material fact or any failure to make a complete disclosure of any requested information is considered a breach of the employee Code of Conduct and may result in employment action, up to and including termination.

If you have any questions, please contact:
P/NW BOCES - Office of Risk Management
200 BOCES Drive
Yorktown Heights, NY 10598
Phone: (914) 248-2456 or Fax: (914) 962-6819

For Certification of Eligibility for CHILDREN

The Rule is being waived for children for FY 2022-2023; however, you must still verify enrollment information for all children. Failure to do so may result in coverage delays.

The District reserves the right to reinstate the Rule for children in subsequent years.

For Certification of Eligibility for SPOUSES

You are permitted to enroll your legally married spouse. Domestic partners (same-sex or opposite-sex) are not eligible for coverage.

The District requires spouses to obtain other health insurance **unless** certain criteria are met.

For the purposes of reviewing earnings, please note the following:

- All wages, salaries, tips, etc. of the spouse (e.g., line 1 of 2021 IRS Form 1040)
- Any wages, salaries, tips, etc. of the school district employee/retiree that are paid by any business or corporation in which the spouse and/or the school district employee/retiree is a full or partial owner
- Other income, including line 8, Schedule 1, and applicable Schedules (e.g., Schedule C, Schedule E) of 2021 IRS Form 1040
- If the spouse and/or school district employee/retiree is a full or partial owner of any business or corporation, earnings also includes a pro-rata share of the business' and/or corporation's taxable income, ordinary income or net profit. For example, if the spouse and school district employee/retiree each owns 25% of a corporation's stock, then 50% of the corporation's taxable income would be considered

If your spouse's/dependent's eligibility changes, you must notify your District Benefit Representative within 31 days.

The below chart outlines spousal earnings and availability of coverage from the spouse's employer and how it affects eligibility for health insurance under the District's Plan:

Spousal Earnings and Eligibility			Primary Coverage Options for Spouse:
My spouse's annual earnings in 2021 were:	Spouse's monthly employee contribution for the lowest cost individual plan offered from spouse's employer (as reported on 2021 IRS 1095C Form):	Spouse's Result:	
High Income Group: \$142,800 or more	Not applicable	FAIL	Purchase primary coverage from his/her employer OR Pay buy-in amount of \$881* per month to get spouse primary coverage
Mid Income Group: Between \$78,540.01 & \$142,799.99	Spouse's monthly employee contribution is \$441 or less for the lowest cost individual plan offered by his/her employer (as reported on 2021 IRS 1095C Form)	FAIL	Purchase primary coverage from his/her employer OR Pay buy-in amount of \$661* per month to get spouse primary coverage
Mid Income Group: Between \$78,540.01 & \$142,799.99	Spouse's monthly employee contribution is more than \$441 for the lowest cost individual plan offered by his/her employer (as reported on 2021 IRS 1095C Form)	QUALIFY	Spouse is NOT required to purchase other primary health insurance or be charged a buy-in penalty for covering spouse primary on the plan.
Low Income Group: \$78,540 or less	Spouse's employer coverage offered is free	FAIL	Obtain primary coverage from his/her employer OR Pay buy-in amount of \$661* per month to get spouse primary coverage
Low Income Group: \$78,540 or less	Spouse's monthly employee contribution is \$1 or more for the lowest cost individual plan offered by his/her employer (as reported on 2021 IRS 1095C Form)	QUALIFY	Spouse is NOT required to purchase other primary health insurance or be charged a buy-in penalty for covering spouse primary on the plan.

** Earnings thresholds are adjusted annually. Generally, amounts shown are based on the spouse's calendar-year earnings for 2021 and apply to the benefits period July 2022-June 2023. Monthly base premium for FY 2022-2023 is \$881 for single coverage. \$661 per month is 75% of \$881 employee-only premium rate.*