

State of Delaware  
**Dependent Coordination Of Benefits Policy**  
Frequently Asked Questions

**1. What is the Dependent Coordination of Benefits Policy?**

The Dependent Coordination of Benefits(DCOB) Policy determines which coverage is primary when dependent children are covered under a State of Delaware health plan and also have other health coverage. The policy only applies to health plans, which includes prescription coverage.

Members should review the [Dependent Child\(ren\) Eligibility](#) document to determine their child(ren)'s eligibility under the plan. Members may cover their eligible dependent children as primary in their State of Delaware health plan regardless of whether the dependent child is offered employer health coverage.

**2. When is a Dependent Coordination of Benefits Form required?**

A Dependent Coordination of Benefits(DCOB) Form for Highmark Delaware or Aetna must be completed for each enrolled dependent regardless of age, upon:

- Enrollment in other health coverage, for example through their other parent or their spouse or their own employer,
- Any time other health coverage changes, or
- Upon request by the Statewide Benefits Office (SBO), Highmark Delaware or Aetna.

If your dependent **does not** have any other health insurance, you **do not** need to complete the Dependent COB Form or supply any additional forms or documentation unless you receive a request from SBO, Highmark Delaware or Aetna.

**3. Where is the Dependent Coordination of Benefits Form located?**

The Dependent Coordination of Benefits Forms are located **online at [de.gov/statewidebenefits](https://de.gov/statewidebenefits), “Select your Group” and then choose the Spouse and Dependents icon.** The Highmark Delaware and Aetna forms are located under the **FORMS** section on the **“Dependent Child (to age 26)” tab.**

The Dependent COB Form should be printed, filled out, and submitted to the insurance carrier. Contact information for the carrier is located directly on the form.

**4. When can I enroll an eligible dependent in my State of Delaware health plan?**

Benefit-eligible employees and pensioners may only enroll an eligible dependent during the Annual Benefits Open Enrollment, unless they experience a qualifying event that would allow for a change. A voluntary loss of coverage during your dependent's open enrollment is **NOT** a qualifying event.

**5. What if my eligible dependent is also eligible for coverage under another State of Delaware Group Health Insurance Plan (GHIP)?**

If the dependent child is also eligible for coverage under another State of Delaware GHIP, the dependent child:

- May enroll in their own State health care plan **OR**
- Be covered by the parent who is a benefit-eligible employee or pensioner.

The dependent child **cannot** be covered under more than one State of Delaware GHIP.

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**6. What if my eligible dependent is enrolled in coverage with an employer that does not participate in the State of Delaware GHIP and is covered under my State health care plan?**

The dependent child's employer coverage will be primary over their coverage as a dependent through a parent's State health care plan coverage.

**7. What if my dependent child who is enrolled as my dependent under the State of Delaware GHIP drops their employer health care coverage during their employer's next open enrollment?**

If the dependent child drops their employer coverage during an open enrollment period, and is already enrolled in your State of Delaware Highmark Delaware or Aetna health plan, they can then be primary under your State health care plan. In addition, a new Dependent Coordination of Benefits(DCOB) Form **must** be completed.

**8. What if my dependent child who is NOT enrolled as my dependent under the State of Delaware GHIP and drops their employer health care coverage during their employer's next open enrollment?**

If the dependent child drops their employer coverage during an open enrollment period, and is **NOT** already enrolled in your State of Delaware Highmark Delaware or Aetna health plan, you must wait until the next Annual Benefits Open Enrollment, unless they experience an eligible qualifying event that would allow for a change. A voluntary loss of coverage during your dependent's open enrollment is **NOT** a qualifying event.

If you wish to cover your dependent under your State of Delaware Highmark Delaware or Aetna health plan you should first enroll your dependent during the State's Annual Benefits Open Enrollment and then have your dependent child drop their employer health care coverage during their employer's next open enrollment. Upon termination of the dependent's employer health care coverage, a new Dependent Coordination of Benefits(DCOB) Form **must** be completed.