

# SCOB Employee Action Checklist



## Important Disclaimer

This checklist is for *Informational Purposes Only* and will not be used by the SBO to provide determinations regarding a spouse's eligibility status.

## Spousal Coordination of Benefits (SCOB) Policy

If you cover a spouse under your Highmark Delaware or Aetna health plan, you are **REQUIRED** to complete a Spousal COB Form online to determine your spouse's eligibility status. The online form must be completed **within 30 days** of enrolling your spouse in a State of Delaware health plan, **within 30 days** of your spouse losing or gaining employee coverage and **every year** during Open Enrollment in May.

- Review the SCOB Policy and Chart located online at [de.gov/statewidebenefits](http://de.gov/statewidebenefits). It is the employee's responsibility to understand their rights and obligations under the Policy.
- Complete the SCOB Form online. The SCOB Form and SCOB Self Service Guide are available online at [de.gov/statewidebenefits](http://de.gov/statewidebenefits).
- Respond to all inquiries in a timely manner to avoid a disruption in benefits. **You, your spouse or your spouse's employer may be required to provide additional information.**

## How do I know if my spouse should enroll in their own coverage?

If your spouse is **offered** health insurance from their current employer (or former employer if retired), **AND** would be responsible for **50% or Less** of the premium for the lowest employee only plan available to them, **then your spouse is most likely required to enroll in his or her employer's coverage.** You may complete the below chart to help determine spouse's eligibility status:

1) Does your spouse's employer (or former employer) offer health insurance to employees? <i>(Circle One)</i>	YES or NO
2) Does your spouse's employer (or former employer) offer health insurance to your spouse? <i>(Circle One)</i>	YES or NO
3) Does your spouse's employer (or former employer) offer any a cash amount in lieu of health insurance? <i>(Circle One)</i>	YES or NO
If you answered "NO" to questions 1-3, your spouse could be eligible for Primary Coverage under your State plan. <b>If you answered "YES" to a question, complete the next section.</b>	
4) How much is the <b>Total Premium Cost</b> for your spouse to enroll in coverage?	\$
5) How much would your spouse be required to pay?	\$
6) Is your spouse's amount <u>50% or Less</u> of the <b>Total Premium Cost</b> ? <i>Circle One</i>	YES or NO
If you answered "NO" to question 6, your spouse could be eligible for Primary Coverage under your State plan. <b>If you answered "YES" to this question, your spouse will most likely need to enroll in their own coverage.</b>	