

SCOB Retiree 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.

You are also required to complete an online Spousal Coordination of Benefits Form **within 30 days** of completing your pension application.

- Review the SCOB Policy and Chart located online at de.gov/statewidebenefits. It is the retiree'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.
- 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. If you answered "YES" to a question, complete the next section.	
4) How much is the Total Premium Cost 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 Total Premium Cost ? <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. If you answered "YES" to this question, your spouse will most likely need to enroll in their own coverage.	