



SPOUSAL COORDINATION OF BENEFITS FORM SELF SERVICE GUIDE (FOR STATE AGENCY (INCLUDING DOE), K12, DTCC, AND DSU EMPLOYEES)

Phone: 1-800-489-8933 • Email: benefits@delaware.gov • Website: de.gov/statewidebenefits

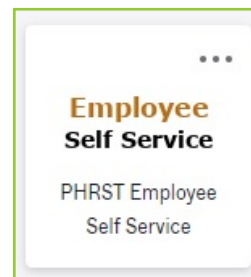
This guide provides step-by-step instructions to complete the Spousal Coordination of Benefits Form for Active State of Delaware employees. If you cover your spouse in one of the State of Delaware's Group Health Insurance medical plans, you **MUST** complete the online Spousal Coordination of Benefits (SCOB) Form upon initial enrollment, each year during Open Enrollment, and anytime your spouse's employment or insurance status changes. **Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.**

To complete the form, you will need:

- Your spouse's full name, birthdate, and Social Security number
- Name of your spouse's employer, or former employer and date of retirement if spouse is retired
 - **If applicable and spouse is enrolled:** Your spouse's insurance information: carrier name, policy number, and effective date
 - **If applicable and spouse is not enrolled:** The percentage of the premium of the lowest benefit employee only/retiree only plan your spouse would be required to pay (this includes any payments or credits provided by your spouse's employer toward premiums or purchase of medical coverage).

How to access Employee Self Service for the Spousal Coordination of Benefits (SCOB) Form

Access [Employee Self Service](#) through my.delaware.gov. Once logged into my.delaware.gov, select the "Employee Self-Service" tile.



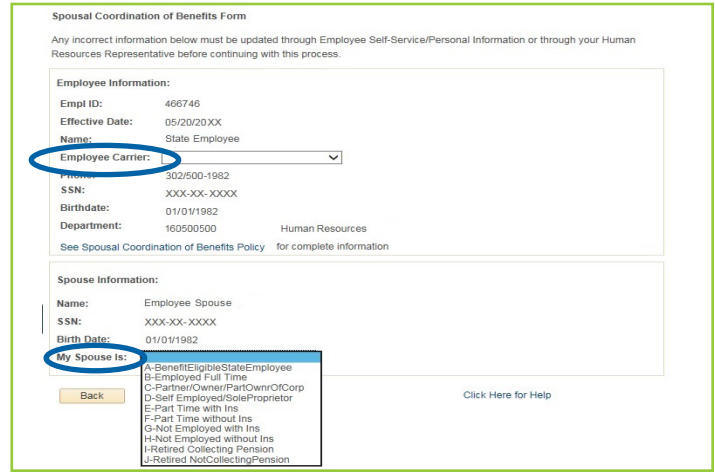
Completing the Spousal Coordination of Benefits Form

1. Select **Benefits**.
2. Select **Spousal Coordination of Benef.**
3. Verify **Personal Contact Information** is up to date.
 - If yes, you will proceed to **Spousal Coordination of Benef.**
 - If no, you will need to click "OK", then click the Home screen icon located at the top right-hand corner of the page, then select the Personal Information tile. Here you may edit your Personal Contact Information. Then return to the SCOB Form by selecting the Home icon, and following steps 1 and 2 above.
4. Select **CREATE NEW FORM**.



Completing the Spousal Coordination of Benefits Form (continued)

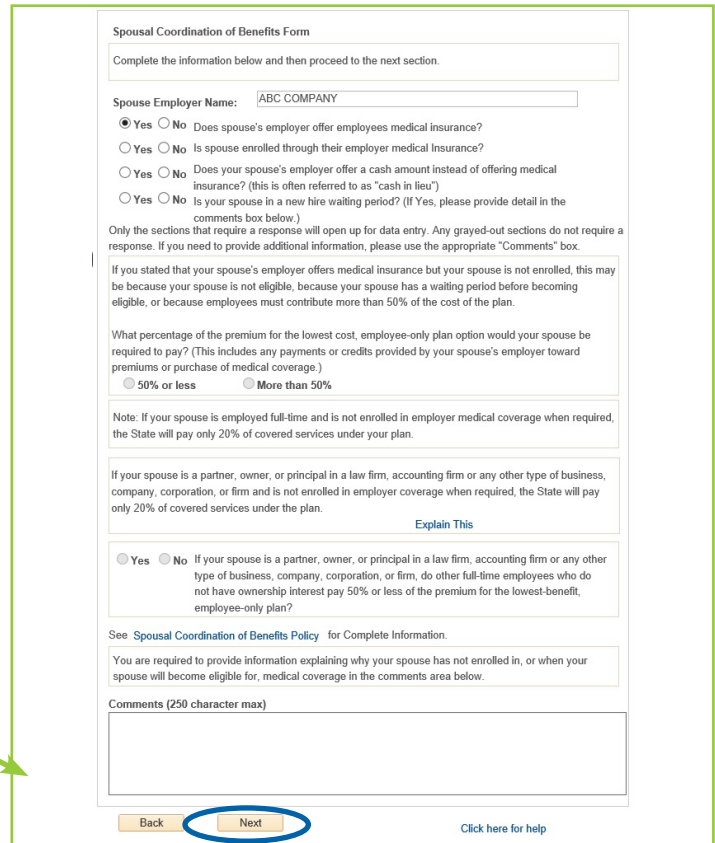
5. **READ THIS FIRST - IMPORTANT INFORMATION** then select **NEXT**.
6. Review all information on the screen. Incorrect information must be updated in Employee Self Service or by contacting your Human Resource/Benefits Representative before completing this form.
7. Select your health plan carrier from the **Employee Carrier** drop down box.
8. Use the **My Spouse Is** drop down box to select the current employment status of your spouse. Select **Next**.
9. Enter the information in the data entry fields that appear.



Spousal Coordination of Benefits Form
Any incorrect information below must be updated through Employee Self-Service/Personal Information or through your Human Resources Representative before continuing with this process.

Employee Information:
 Empl ID: 466746
 Effective Date: 05/20/20XX
 Name: State Employee
 Employee Carrier: [Dropdown menu]
 Phone: 302/500-1982
 SSN: XXX-XX-XXXX
 Birthdate: 01/01/1982
 Department: 160500500 Human Resources
 See Spousal Coordination of Benefits Policy for complete information

Spouse Information:
 Name: Employee Spouse
 SSN: XXX-XX-XXXX
 Birth Date: 01/01/1982
 My Spouse Is: [Dropdown menu]
 Back [Button] Click Here for Help [Link]



Spousal Coordination of Benefits Form
Complete the information below and then proceed to the next section.

Spouse Employer Name: ABC COMPANY

Yes No Does spouse's employer offer employees medical insurance?
 Yes No Is spouse enrolled through their employer medical insurance?
 Yes No Does your spouse's employer offer a cash amount instead of offering medical insurance? (this is often referred to as "cash in lieu")
 Yes No Is your spouse in a new hire waiting period? (If Yes, please provide detail in the comments box below.)

Only the sections that require a response will open up for data entry. Any grayed-out sections do not require a response. If you need to provide additional information, please use the appropriate "Comments" box.

If you stated that your spouse's employer offers medical insurance but your spouse is not enrolled, this may be because your spouse is not eligible, because your spouse has a waiting period before becoming eligible, or because employees must contribute more than 50% of the cost of the plan.

What percentage of the premium for the lowest cost, employee-only plan option would your spouse be required to pay? (This includes any payments or credits provided by your spouse's employer toward premiums or purchase of medical coverage.)
 50% or less More than 50%

Note: If your spouse is employed full-time and is not enrolled in employer medical coverage when required, the State will pay only 20% of covered services under your plan.

If your spouse is a partner, owner, or principal in a law firm, accounting firm or any other type of business, company, corporation, or firm and is not enrolled in employer coverage when required, the State will pay only 20% of covered services under the plan. [Explain This](#)

Yes No If your spouse is a partner, owner, or principal in a law firm, accounting firm or any other type of business, company, corporation, or firm, do other full-time employees who do not have ownership interest pay 50% or less of the premium for the lowest-benefit, employee-only plan?

See [Spousal Coordination of Benefits Policy](#) for Complete Information.

You are required to provide information explaining why your spouse has not enrolled in, or when your spouse will become eligible for, medical coverage in the comments area below.

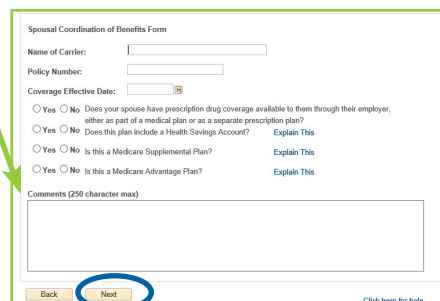
Comments (250 character max)
[Text area]

Back [Button] **Next** [Button] Click here for help [Link]

PLEASE NOTE: Only the sections that require a response will open up for data entry. Any grayed out sections do not require a response. If you need to provide additional information, please use the appropriate "Comments" box.

Select **Next** to proceed through each section of the form.

10. If your spouse's employer offers medical insurance and the spouse is enrolled, it is required to provide the spouse's health insurance information.



Spousal Coordination of Benefits Form

Name of Carrier: [Text field]
 Policy Number: [Text field]
 Coverage Effective Date: [Date field]

Yes No Does your spouse have prescription drug coverage available to them through their employer, either as part of a medical plan or as a separate prescription plan?
 Yes No Does this plan include a Health Savings Account? [Explain This](#)
 Yes No Is this a Medicare Supplemental Plan? [Explain This](#)
 Yes No Is this a Medicare Advantage Plan? [Explain This](#)

Comments (250 character max)
[Text area]

Back [Button] **Next** [Button] Click here for help [Link]

Completing the Spousal Coordination of Benefits Form *(continued)*

11. Authorizations 1 and 2. Please read each authorization, then select **Accept and Continue**.

Accepting each authorization certifies you have read and understand all information included in the authorization section.

This form is not complete until all 3 authorizations are accepted.

Authorization 1 of 3

I understand this policy applies to all spouses covered under the State of Delaware Group Health Insurance Plan and the intention of this policy is to ensure fiscal responsibility for the State of Delaware Group Health Insurance Plan fund where other employers are offering health care benefits to their employees and retirees.

I understand this information will be shared with the State of Delaware's plan administrator(s).

I understand if a spouse does not enroll in their employer's or former employer's medical coverage when required, the State will place a sanction on my spouse's health and prescription benefits offered through the State of Delaware Group Health Insurance Plan.

A spousal sanction means your spouse's medical claims will be processed at 20 percent of the allowable charges and you will be responsible for the remaining balance. In addition, while a sanction is in place, your spouse must pay for all prescriptions in full at the pharmacy and then you must submit the claim to the pharmacy benefit manager for a reduced reimbursement of the allowable charge.

When a spouse is enrolled in their own coverage the spouse's employer or former employer health insurance will pay first. The State of Delaware will then pay the claims under the State's health care plan at the secondary level. Payments from both plans combined will not exceed 100% of covered charges and the State plan will never pay more than the allowable charge paid under the State plan.

It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. Providing false or incorrect information may result in disciplinary action and sanctioned payment of claims for your spouse. **Any claims that paid based on false or incorrect information will be reversed, and payment will be the responsibility of the employee.**

Accept and Continue

Cancel

This form is not complete until all 3 authorizations are accepted.

Authorization 2 of 3

I understand that the following policy applies to spouses who regularly work full-time and are eligible for medical coverage through their own employers and spouses who are retired and are eligible for medical coverage through their former employers.

Generally, a spouse does not need to be enrolled in the health care plan where the spouse works or is collecting a pension benefit, or in an individual health plan through the Health Insurance Marketplace, if **ONE** of the following are applicable (*verification may be required from the spouse's employer*):

- Spouse does not work full-time or is not collecting a pension benefit, or
- Spouse is not eligible for benefits under the employer's health care plan because the spouse has not satisfied their employer's requirements as to the number of hours worked or has not satisfied their employer's requirements to be eligible for retiree health benefits, or
- Spouse's employer requires a contribution from the employee or former employee of more than 50% of the premium for the lowest active or retiree health benefit plan available through their own employer, or
- Spouse's employer does not offer active or retiree health coverage or a cash benefit in lieu of health coverage.

For additional information, view the complete [Spousal Coordination of Benefits Policy](#).

A spouse enrolled in the State of Delaware Group Health Insurance Plan as a "Primary Cardholder", can **NOT** also be covered as a "Spouse" under another state plan.

It is fraudulent to fill out this form with any information which is false or incorrect or to omit important facts. Providing false or incorrect information may result in disciplinary action and sanctioned payment of claims for your spouse. **Any claims that paid based on false or incorrect information will be reversed, and payment will be the responsibility of the employee.**

Accept and Continue

Cancel

12. Authorization 3.

Please read this authorization, then select **Accept & Submit**.

- If you select **Cancel**, your form will not be authorized or submitted to the carrier. You will be required to **Create a New Form**.

This form is not complete until all 3 authorizations are accepted.

Authorization 3 of 3

I understand that if my spouse's health care coverage or employment information changes, I must complete a new form within 30 days. In addition, a new form must be completed annually during Open Enrollment.

I understand it is my responsibility to review the SCOB Policy and Chart when choosing to cover a spouse under a State of Delaware health plan.

NOTICE TO ALL PARTIES COMPLETING THIS FORM

To ensure proper coordination of benefits with other health care coverage, the State of Delaware will verify the accuracy of information by conducting audits, contacting you, and/or contacting your spouse's employer or former employer.

It is fraudulent to fill out this form with any information that is false or incorrect or to omit important facts. Providing false or incorrect information may result in disciplinary action and sanctioned payment of claims for your spouse. **Any claims that paid based on false or incorrect information will be reversed, and payment will be the responsibility of the employee.**

Accept & Submit

Cancel

13. When the form is completed the message on the screen will say **ENTRY IS COMPLETE**.

- An email confirmation will be sent to the preferred email address in Personal Information.
- You will have the option to **View/Print Summary** to keep for your records.

ENTRY IS COMPLETE

1. Your spousal Coordination of Benefits form is now complete.
2. If you need to change information after you have completed the form, you must create a new form.
3. You are encouraged to maintain a copy of the summary and the email confirmation.

View/Print Summary

Exit

14. Select **Exit** to sign out.

Completing the Spousal Coordination of Benefits Form *(continued)*

View Form History

1. Once you **Exit** the form, you can view the form immediately following its completion.
2. Select the **Home** icon located at the top right-hand corner of the page.
3. Select **Benefits**.
4. Select **Spousal Coordination of Benef**, then verify **Personal Contact Information**.
5. The screen will appear providing option to **View Form History**.
6. Select **View Form History**, to view a list of all your completed Spousal Coordination of Benefits forms by date.

Personalize Find View All First 1-3 of 3 Last									
Click Here	Empl ID	Effective Date	Employee Carrier	Name	Spouse Name	Auth1	Auth2	Auth3	
1 Click Here	466746	05/20/20XX	Highmark	State Employee	Employee Spouse	Y	Y	Y	
2 Click Here	466746	05/20/2018	Highmark	State Employee	Employee Spouse	Y	Y	Y	
3 Click Here	466746	01/01/2016	Highmark	State Employee	Employee Spouse	Y	Y	Y	

[Return](#)

7. You may select each form to review. If information is incorrect, you will need to complete a new form by returning to the **CREATE NEW FORM** step. **NOTE:** "N" or N/A" will display on the form summary for questions that did not require a response.

A form will only be considered completed if all three (3) authorizations are marked with "Y."