

SPOUSAL COORDINATION OF BENEFITS EMPLOYEE SELF SERVICE QUICK REFERENCE GUIDE

(ALL STATE, K-12 & HIGHER EDUCATION EMPLOYEES)

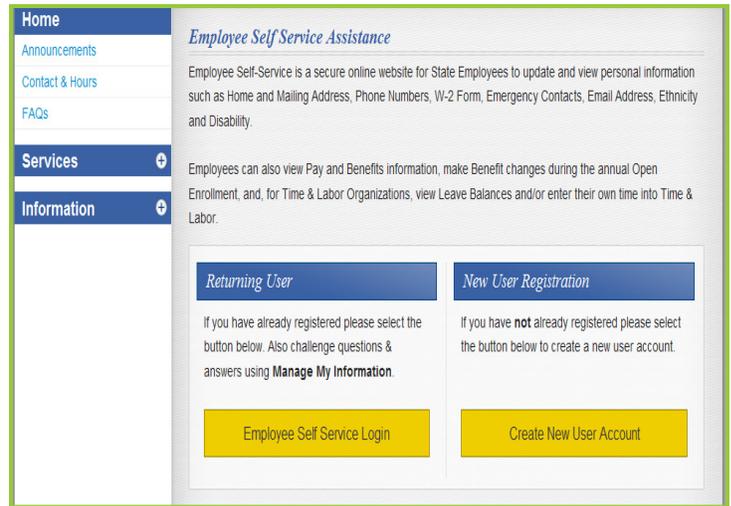


I) HOW TO ACCESS EMPLOYEE SELF SERVICE FOR THE SPOUSAL COORDINATION OF BENEFITS (COB) FORM

1. Open Internet Browser
2. Type in www.employeeselfservice.omb.delaware.gov
3. Press Enter
4. **Returning Users versus New Users:**

Returning Users

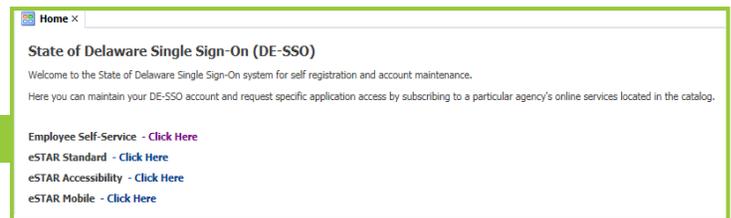
- Use the "Employee Self-Service Login" link below **Returning User** if you *have* accessed Employee Self-Service since 06/10/13
- "Welcome to State of Delaware Single Sign-On (DE-SSO)" screen opens
 - Enter **User ID** which is your six digit **Employee ID** number. This is the same ID used to access the system to view your paycheck online. If you cannot locate your ID, contact your HR/Benefits office.
 - Enter **Password**
 - Click **Sign In**



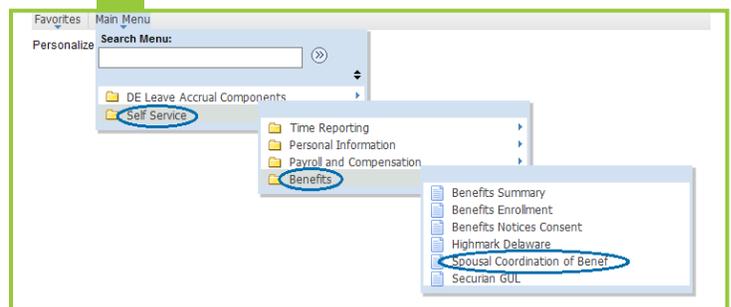
New Users

Use the "Create New User Account" (you have not accessed Employee Self-Service since June 2013) link below **New User Registration** if you *have not* accessed Employee Self-Service since 06/10/13.

Employee Self-Service New User Login Instructions are located at www.employeeselfservice.omb.delaware.gov under **Instructions**, Click **Employee Self-Service Access Instructions**.



5. After you log in, select **Click Here** next to the Employee Self-Service option.
6. Once in Employee Self Service, click on **Main Menu**, select **Self Service** and select **Benefits**.
7. Select **Spousal Coordination of Benefits**. Proceed to step #8 on page 2.



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2) SPOUSAL COORDINATION OF BENEFITS

If you cover your spouse on your State of Delaware health plan, you **MUST** complete the Spousal Coordination of Benefits Form upon initial enrollment, anytime enrollment or insurance status changes and each year during Open Enrollment.

To complete the form, you will need your spouse's birth date, SSN and spouse's insurance information: carrier, policy number and coverage effective date (if applicable).

Active State, K-12 and Higher Education Employees **MUST** complete the Spousal Coordination of Benefits form **within** Employee Self Service.

8. Click **Create New Form**.
9. Read the important information, then click **Next**.

Click "CREATE NEW FORM" button to generate a new form.

Empl ID: #####	Effective Date: XX/XX/XXXX	Empl Status: Active
Name: Doe,John		
Spouse Name: Doe,Jane		

READ THIS FIRST - IMPORTANT INFORMATION

THIS FORM DOES NOT ENROLL OR TERMINATE SPOUSE'S COVERAGE.

If you cover your spouse in one of the State of Delaware's Group Health Insurance plans, you **MUST** complete a new Spousal Coordination of Benefits form **each year** during Open Enrollment **and** anytime your spouse's employment or insurance status changes. If you do not submit a form, your spouse's coverage will be reduced to 20%.

Completion or modification of the Spousal COB form alone does **NOT** enroll and/or terminate your spouse's coverage in your health plan. To enroll or terminate your spouse in your health plan, you must access eBenefits through Employee Self Service during Open Enrollment, or contact your human resources representative anytime throughout the year if your spouse's employment or insurance status changes.

Please read the acknowledgment sections at the end of this form carefully. You are responsible for understanding the requirements of the Spousal Coordination of Benefits Policy described here, for providing verification as noted, and for the accuracy of the information in this form.

Additional information not covered by the form should be entered into the "Comments" sections at the end of the form.

If any information entered on this form is found to be false or incorrect and medical claims are paid based on the false or incorrect information, the employee will be required to reimburse the State.

10. Review all information on the screen. Incorrect information must be updated in Employee Self-Service or by contacting your Human Resources Representative before completing this form.
11. Enter **Email Address** if you would like an email confirmation that you completed this form.

Spouse Information:

12. **My Spouse is:** use the drop down box to select the current employment status of your spouse. Then click **Next**.

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:	#####
Effective Date:	XX/XX/XXXX
Name:	Doe,John
Employee Carrier:	<input type="text" value=""/>
Phone:	302/555-1212
SSN:	XXX-XX-6789
Birthdate:	01/21/1980
Department:	100247470 Office of Mgmt & Budget/PHRST
Email Address:	<input type="text" value=""/>
Spouse Information:	
Name:	Doe,Jane
SSN:	XXX-XX-5147
Birth Date:	03/15/1982
My Spouse Is:	<input type="text" value=""/> <ul style="list-style-type: none"> Benefit Eligible State Employee Benefit Eligible State Retiree Employed Full Time Not Employed Part-Time with Ins Part-Time without Ins Partner/Owner/PartOwner OfCorp Retired From Non-State Employr Self Employed/Sole Proprietor

[Click here for help](#)



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SPOUSAL COORDINATION OF BENEFITS (CONTINUED)

13. Enter the information in the data entry fields that appear on the next two screens. Click **Next** to proceed through each section.
14. If your spouse's employer offers medical insurance, you are required to provide the percentage of the total plan cost your spouse is required to pay (employee share).
15. If your spouse is a "Partner/Owner/PartOwner of Corp", you are also required to provide the percentage of the total plan cost the employees who do not have ownership interest in the company would be required to pay.
16. If your spouse's employer does **NOT** offer medical insurance, the remainder of the form is greyed out so you will be directed to read and accept the (3) Authorizations after clicking **NEXT**.
17. If your spouse's employer offers medical insurance and the spouse is enrolled, it is required to provide the spouse's insurance information.

Spousal Coordination of Benefits Form

Complete the information below and then proceed to the next section to verify and submit your entries. Note: If your spouse is retired, references to "Employer" below indicate your spouse's former employer and/or retiree health care coverage.

Spouse Employer Name:

Date of Spouse's Retirement:

Yes No Is your spouse enrolled in Medicare?

Yes No Does spouse's employer offer employees medical insurance?

Yes No Is spouse enrolled through their employer medical insurance?

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 greater than 50% of the cost of the plan.

What percentage of the premium for the lowest-benefit, employee-only plan would your spouse be required to pay? (Flexible benefits and credit apply toward employer's contribution.)

Percentage:

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 or owner of a corporation or company and is not enrolled in employer coverage when required, the State will pay only 20% of covered services under your plan. [Explain This](#)

What Percentage of the plan cost do employee's pay who do not have ownership interest in the company?

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.

Yes No Does this plan include a Health Savings Account? [Explain This](#)

Yes No Is this a Medicare Supplemental Plan?

[Click here for help](#)

Spousal Coordination of Benefits Form

Name of Carrier:

Policy Number:

Coverage Effective Date:

Yes No Does your spouse's employer offer prescription drug coverage as part of a medical plan or as a standalone plan?

If you are completing this form due to a change in your spouse's employment or medical coverage, please indicate the effective date of the change and explain.

Effective Date of Change:

Comments:

[Click here for help](#)





SPOUSAL COORDINATION OF BENEFITS (CONTINUED)

18. Authorization Sections: 1, 2 and 3.

Please read each authorization, then Click **Accept**.

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

All 3 authorizations MUST be accepted for the form to be sent to the carrier.

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, the following spouses are not required to enroll in their company medical benefit and may receive primary State of Delaware medical benefits (verification may be required from the spouse's employer).

- Spouses not working full time, or
- Spouses who are self-employed/sole proprietors, or
- Spouses who do not yet qualify for medical coverage through their employer, or
- Spouses whose employers (or former employers, if retired) require a contribution of more than 50% of premium for the lowest benefit employee only plan available, or
- Spouses whose employers (or former employers, if retired) do not offer medical coverage, or
- Spouses who (1) retired before October 1, 2011, (2) declined medical coverage at the time of retirement and (3) are now not permitted to enroll during the employer's next Open Enrollment.

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** (reduced to 20% 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.

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

All 3 authorizations MUST be accepted for the form to be sent to the carrier.

Authorization 1 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:

1. This information will be shared with the State of Delaware's plan administrator(s).
2. If spouses do not enroll in their own employers' (or former employers') medical coverage, when required, the State will reduce payment to 20% of covered services provided by the employee's State of Delaware benefit plan, and amounts not paid will be the sole responsibility of the employee and spouse.
3. When spouses of State of Delaware employees or retirees enroll in their employers' (or former employers') coverage, those plans pay benefits first. Then the State of Delaware will pay additional covered expense, if any, up to the maximum allowed under our employee's medical plan, not exceeding a limit of 100% coverage from both plans combined.

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** (reduced to 20% 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.

All 3 authorizations MUST be accepted for the form to be sent to the carrier.

Authorization 3 of 3

If any of this information changes I must complete a new form within 30 days. In addition, a new form must be completed annually during Open Enrollment.

Notice to All Parties Completing this Form

To ensure proper coordination of benefits between employers, or retiree health care plans, 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 which is false or incorrect or to omit important facts. **Providing false or incorrect information may result in disciplinary action and sanctioned payment** (reduced to 20% 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.

19. If you click **Cancel**, this will require you to create a new form.

Are you sure you want to cancel? Cancelling this form will require you to create a new form.

20. When the form is completed the message on the screen will say **ENTRY IS COMPLETE**. You will have the option to "View Summary" and print a copy to keep for your records.

You **MUST** click the "Email Confirmation" button for the email to be sent.

Please enter the Email address and Click "Enter" to save the email to the form".

On the following screen, you MUST click the "Email Confirmation" button for the email to be sent.

Email Address:

21. Click **Exit** to sign out.

Spousal Coordination of Benefits Form

ENTRY IS COMPLETE

Please print a copy of the summary for your records. If you need to change information after you have submitted this form, you must complete and submit a new form.

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22. To view the form immediately following its completion, you will need to refresh the screen by clicking "Spousal Coordination of Benefits" located in the navigation bar.

23. Click **View Form History**, to view a list of all your completed spousal coordination of benefits forms by date.

24. You may click on each form to review its completion. A form will only be considered completed if all three (3) authorizations are marked with "Y".

Click Here	Empl ID	Effective Date	Employee Carrier	Name	Spouse Name	Auth1	Auth2	Auth3
Click Here		04/26/2016	Highmark			Y	Y	Y
Click Here		05/27/2015	Highmark			Y	Y	Y

NEED HELP?

For General Benefit Questions
Contact the Statewide Benefits Office Customer Service at **1-800-489-8933** (toll-free)
8:00 a.m. to 4:30 p.m. Monday through Friday

