

How to Enroll Your Dependents for Benefit Coverage

WellSpan is pleased to offer our comprehensive and competitive healthcare benefits to eligible dependents.

Please review the following information to learn more about how to determine if your dependents are eligible for coverage and what you need to do to verify their eligibility.

SPOUSE AND DEPENDENT ELIGIBILITY

Covering Your Spouse in the Medical, Dental or Vision Plan

If you want to cover your spouse in the medical, dental or vision plans: you must provide documentation to verify the person to whom you are married. For this, you will need to show:

1. A copy of your marriage certificate, **and**
2. A copy of the first page of your most recent federal tax return, listing you and your spouse, unless you were not married in the prior year.

If you have provided this documentation in the past, you do NOT need to provide it again.

If you and other family members are all employed by WellSpan, you can determine the most advantageous way to sign up for benefits, whether each person chooses Individual coverage, or one person chooses Family coverage. It's up to you.



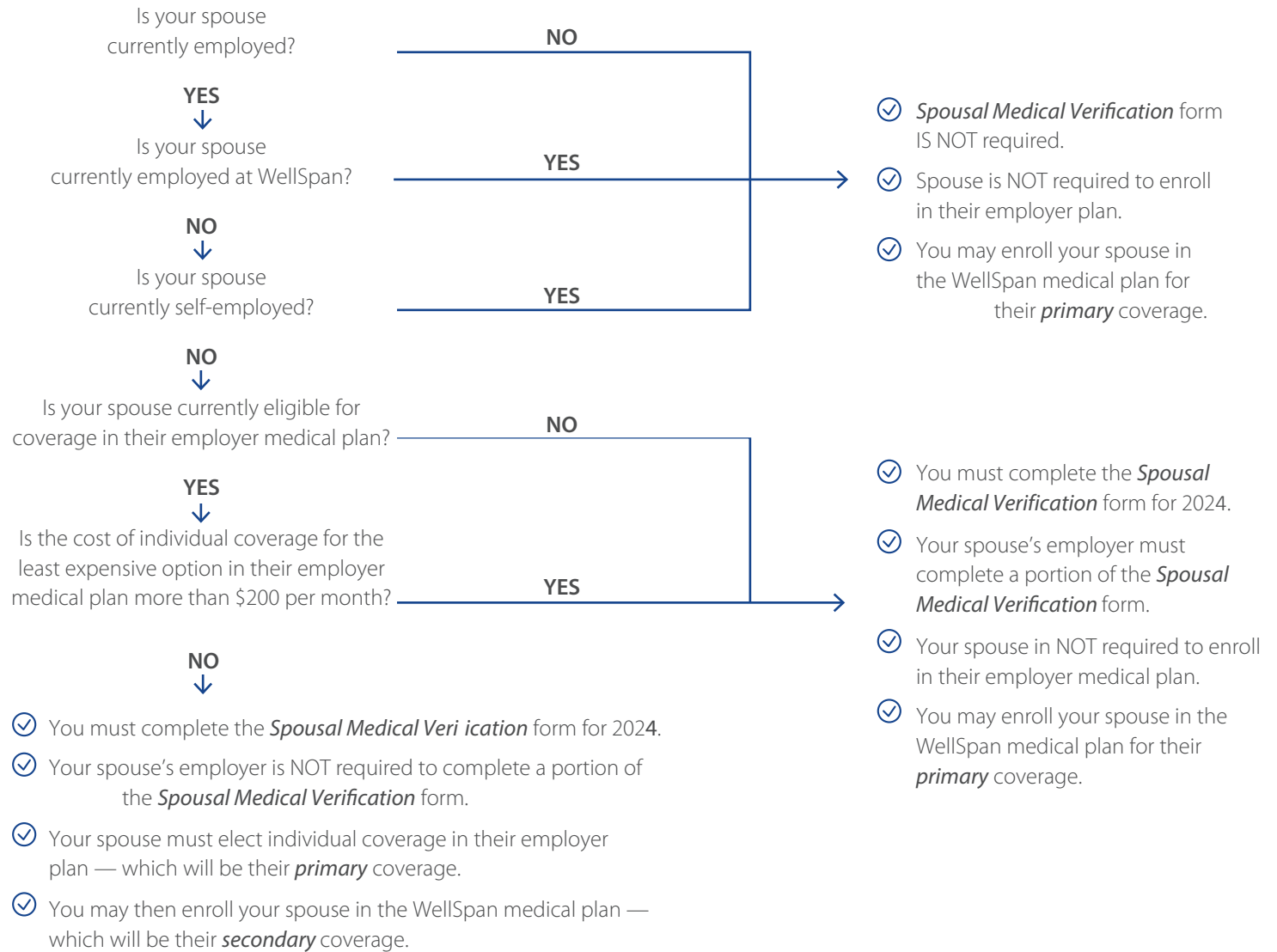
If you want to cover your spouse in the medical plan:

additional documentation may be required. When you log in to enroll in benefits and elect to cover your spouse, you will be asked a few questions to determine whether you must complete the *Spousal Medical Insurance Verification* form and whether your spouse is required to enroll in their own employer-provided medical plan for primary coverage.

If your spouse is employed and eligible to participate in another medical plan, you can still cover them in the WellSpan plan. However, your spouse may be required to enroll in their employer plan, making their coverage in the WellSpan medical plan secondary coverage. In that case, no claims will be paid from WellSpan's plan until the spouse's primary plan pays. This is called Coordination of Benefits, or COB. See the section on page 4 for more information about COB.

DOCUMENTATION REQUIRED IF YOU WANT TO COVER YOUR SPOUSE IN THE MEDICAL PLAN

Answer the questions in the decision flowchart below to see what documentation will be required for you to cover your spouse in the medical plan.



Covering Your Dependents in the Medical, Dental or Vision Plan

You can cover your children or your spouse's children in the medical, dental or vision plan until the end of the month in which they turn age 26. They do not have to be a student to be eligible. In order to cover your dependents, you will need to provide one of these three forms of verification:

1. A copy of a birth certificate listing you as the parent; **or**
2. A copy of a birth certificate and a copy of your marriage certificate for a stepchild; **or**
3. A copy of certified court-approved adoption or custody/guardianship papers, such as a Qualified Medical Child Support Order (QMCSO).

IMPORTANT!

Do Not Provide Original Documents

Because WellSpan's dependent eligibility verification process is not a government process, photocopies of birth certificates are considered an acceptable form of documentation for dependent eligibility. Be sure to submit copies only, not originals, of all requested documents.

What Do I Need To Do?

Before enrolling a spouse and/or dependents for the **FIRST TIME** in WellSpan medical, dental and vision plans, you will need to provide documents that verify their eligibility.

For anyone who wants to enroll their spouse in the medical plan: You will have to complete the checklist during the online enrollment process (see flowchart) every year. Based on your answers, the system will indicate whether you need to submit a *Spousal Medical Insurance Verification* form. *Note: In addition to the legal documentation, you will be asked to complete and sign an Attestation.*

For anyone experiencing a change during the year: Contact the HR Service Center for the most up-to-date instructions for how to request a change and submit documentation. The request and documentation must be submitted within 31 days of the event.

How to submit documentation:

After blocking out any personal or financial information on your documents, choose one of the following methods for submitting them:



Email: Scan the document or take a photo and email to HRServiceCenter@WellSpan.org.

Note: Coverage lost because of failure to provide verification in a timely manner cannot be reinstated until Jan. 1, 2025, and cannot be continued through COBRA.

COORDINATION OF BENEFITS (COB) FOR MEDICAL AND DENTAL

Coordination of Benefits (COB) prevents duplication of payments when a covered employee or dependent has health coverage under a WellSpan plan and one or more additional plans, such as a spouse's plan or Medicare. COB also ensures that your primary coverage pays first, and that your secondary coverage pays the appropriate remaining amount. Note that even when you have two plans you may be responsible for the remaining balance of claims.

How It Works

COB considers your coverage under more than one health or dental plan. Your WellSpan coverage may be your primary or secondary coverage as follows:

- **If your WellSpan plan is your primary plan**, then your WellSpan coverage will pay first, under the terms of the plan you have elected.
- **If your WellSpan plan is your secondary plan**, total benefits will never equal more than what your WellSpan plan would have paid alone. WellSpan may pay the difference, if any, between what the primary plan pays and what you are eligible for under the WellSpan plan.

COB can be complicated. If you have medical plan questions or need further clarification, call WellSpan Population Health Services at **1-717-851-6800** or **1-800-842-1768**, or email pophealthbenefits@wellspan.org. If you have dental plan questions, please call Delta Dental at **1-800-932-0783**.

WellSpan does not provide a credit to team members who opt out of medical coverage altogether.

WHAT TO DO IF SOMETHING CHANGES DURING THE YEAR


In general, you are not permitted to make changes to your benefits during the year unless you experience a qualified work or family status change, such as getting married or having a baby. Here are some of the examples of a qualified work or family status change and how they may affect your benefits.

 **+** **Marriage:** add spouse


 **-** **Divorce:** remove spouse

 **+** **Birth/Adoption:** add dependent

 **-** **Death:** remove dependent

 **-** **A dependent losing eligibility, such as reaching age 26:** remove dependent

+/- **A change in your employment status that affects your benefits eligibility:** change coverage

 **+** **A change in your spouse's employment status that affects your benefits coverage:** add spouse

These are just a few of the circumstances that would allow for a mid-year change in benefits. If one of these applies to you, you must make a request for a change and submit it, along with the required documentation, within 31 days of the event.