

Your WellSpan Benefits

Enrolling Your Dependents

WellSpan is pleased to offer our comprehensive and competitive healthcare benefits to eligible dependents. 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. Plans may require your enrollment to enroll your eligible dependents.

Spouse Eligibility

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 the documents listed below. If you have provided the two documents listed below, you do NOT need to provide it again.

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 tax year.

IF YOU WANT TO COVER YOUR SPOUSE IN THE MEDICAL PLAN:

Annual employer coverage verification and 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. This form is not needed if you are only covering your spouse on your dental and/or vision coverage.

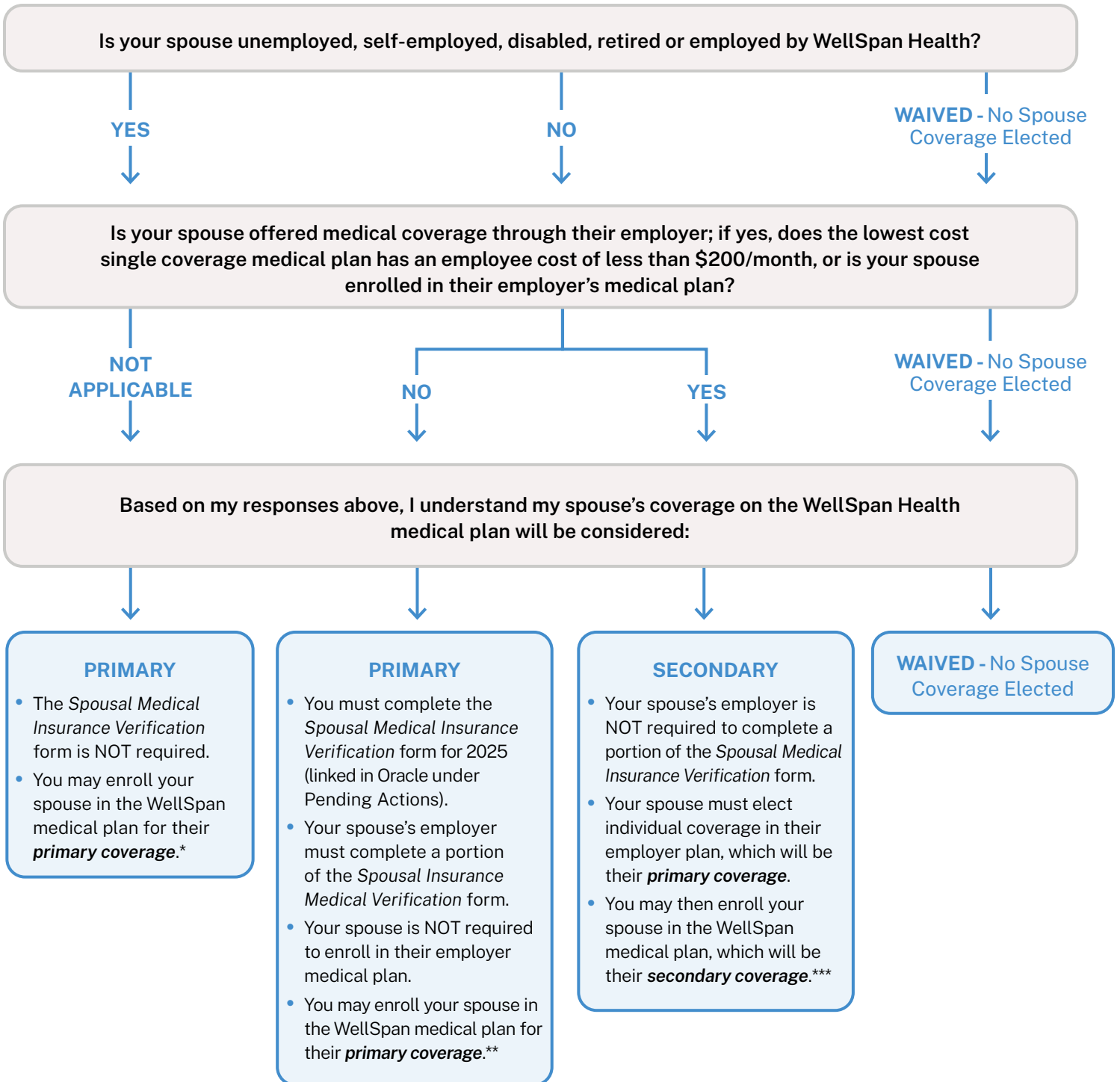
If your spouse is employed and eligible to participate in another medical plan, you can still cover them in the WellSpan plan. However, your spouse may be required to enroll in their employer plan, making their coverage in the WellSpan medical plan secondary coverage. In that case, no claims will be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



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.

SPOUSE VERIFICATION REQUIREMENTS

Answer the questions in the flowchart below to see what will be required to cover your spouse on a WellSpan medical plan. These represent the same questions you answer when enrolling in Oracle. This is an annual process, required each Open Enrollment, or when completing a mid-year qualified life event.



* If your spouse is also a WellSpan team member, they do not need to enroll in a separate WellSpan policy.

** If your spouse's employer completes form indicating coverage is less than \$200, they will not be eligible to be on medical coverage as primary.

*** If your spouse's plan is a High Deductible Health Plan with an HSA, there are some restrictions that apply. Please reach out to the HR Service Center if you have questions regarding these restrictions.

Dependent Eligibility

COVERING YOUR DEPENDENTS IN THE MEDICAL, DENTAL OR VISION PLAN

You can cover your children, or your spouse's children, or your legal guardians 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). Documentation must include team member's and child's name, and child's date of birth.



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. Documentation must be submitted using the Oracle *Pending Action Items* and can be a photo or electronic copy.

What Do I Need To Do?

When 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 complete the spouse enrollment questions during the enrollment process (see flowchart) every year. Based on your answers, the system may create a *Pending Action* for you to submit a *Spousal Medical Insurance Verification* form.
- **FOR ANYONE EXPERIENCING A CHANGE DURING THE YEAR:** Life events must be processed in Oracle within 31-days of the life event. This includes uploading any dependent documentation within Oracle, under *Pending Action Items*. Contact the HR Service Center via email at HRServiceCenter@wellspan.org or call **717-851-5959** for assistance.

HOW TO SUBMIT DOCUMENTATION

After blocking out any social security numbers or financial information on your documents, upload documents to Oracle under *Pending Action Items*. You will received an email if the documents are approved or denied.

Note: Coverage lost because of failure to provide verification in a timely manner cannot be re-enrolled until WellSpan's Annual Benefit Open Enrollment, with a Jan. 1 effective date, or a qualified life event reported within 31-days of the event, and cannot be continued through COBRA.

Coordination Of Benefits (COB) For Medical And Dental

Coordination of Benefits prevents duplication of payments when a covered team member 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. The COB process must be completed annually to avoid any delays in the processing 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,** your 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.

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



Learn More

COB can be complicated. If you have medical plan questions, call the number on the back of your membership card and provide the information to a customer service advocate.

You also can give us this information by logging in to My Health Toolkit. Select *My Plan Benefits > Health > Other Health Insurance*.

If you have dental plan questions, contact Delta Dental at **1-800-932-0783**.

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 the age 26:
remove dependent



A change in your employment status that affects your eligibility:
change coverage



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

* Per special enrollment rules, life event may allow you to add or remove dependents. Required dependent verification documentation will vary based on life event and benefit elections