

Frequently Asked Questions One SEGIP Participant Covers Another SEGIP Participant

General Questions

1. Can I waive medical coverage?

Yes. Employees receiving the full employer contribution may waive medical coverage by completing and submitting the *Waiver of Medical Coverage* form within the enrollment period deadline. Employees may be covered as an individual enrollee with their own medical policy or as a dependent under another SEGIP employee's family policy.

Employees receiving the partial or no employer contribution may waive by not enrolling and are not required to complete a form or show proof of other coverage.

2. Can I waive dental coverage?

Yes. All employees may waive dental coverage by not enrolling in dental coverage. You do not need to complete a waiver form or show proof of other coverage.

3. Can I cover my spouse who is also a state employee?

Yes, one employee eligible to participate in SEGIP administered coverage, who is married to another eligible employee, may cover that employee.

4. Can I cover my adult child who is also a state employee?

Yes, provided the adult child is under age 26.

5. What steps must be taken so that I can be covered by my state employee spouse/parent?

Waiving Medical: Complete the [Waiver of Medical coverage form](#) (it is available on the SEGIP website or through Employee Self Service) and submit it to SEGIP before Open Enrollment ends.

Your spouse/parent must enroll you as a dependent under their policy (medical and/or dental) and successfully complete the election by clicking on Accept. (It is advisable to double check the Confirmation Statement to confirm the spouse and/or dependent child appears as a covered dependent). The employee who added you as a dependent will receive a Dependent Verification letter and must submit the proper verification documents to complete the enrollment.

Waiving Dental: Log into Employee Self Service to waive your dental insurance. Your spouse/parent must enroll you as a dependent to their dental insurance and must provide proper verification documents to complete the enrollment. You do not need to complete a waiver form.

6. Can I waive single coverage if I am covered as a dependent on another SEGIP policy?

You may waive single medical coverage when you are covered by an active SEGIP employee (e.g. spouse; parent if you are under age 26). Unless you enroll in your own state employee policy you will be required to complete a waiver form and show proof of other coverage. Dental coverage can be waived without completing a form or showing proof of other coverage.

7. If I am covered as a dependent under my spouse's SEGIP medical or dental policy, can I opt out of my spouse's coverage any time?

No. Dependents may only be removed from a policy during the annual Open Enrollment or upon a qualified life event.

8. What if I waive medical coverage and my spouse (or parent) fails to enroll me in coverage?

You will automatically be enrolled in single medical coverage with your current carrier. If you were enrolling dependent children, they will lose coverage and will not be automatically re-enrolled.

9. What if I waive dental coverage and my spouse (or parent) fails to enroll me in coverage?

Your dental coverage will remain waived until you are able to enroll during the next dental Open Enrollment or upon a qualified life event. Dental coverage is usually offered every other year. If you were enrolling children, they too will lose coverage.

10. If I waive coverage as a single enrollee and enroll under my spouse's coverage, can we have different carriers?

No. The policy holder determines the carrier for all family members covered under medical and dental coverage.

11. If I waive coverage as a single enrollee and I am enrolled under my spouse's policy, will my spouse be required to verify me as a dependent?

Yes, SEGIP is required under state law to verify the eligibility of all dependents. Due to privacy reasons, each time a spouse or a dependent is enrolled, the policy holder will be required to verify their eligibility. See the dependent eligibility chart on the [SEGIP website](#).

12. What if I waive coverage as a single enrollee and my spouse enrolls me in coverage but fails to adequately verify that I am a dependent?

You will automatically be enrolled in your own single medical policy. If dependent children were unverified they would not be enrolled and could not be added until the next Open Enrollment that offers the elected benefit or upon a qualified life event.

13. If children were previously verified under one employee, do they have to be re-verified if covered by a different employee?

Yes. Due to privacy reasons, each time you enroll a spouse or dependent, the policy holder will be required to verify eligibility.

14. If we are both state employees can my spouse enroll me in spouse life?

No. If you are eligible to enroll in employee life insurance, you may not be covered as a dependent by another employee.

15. What are the advantages of keeping my single medical policy?

Among the advantages are:

- You can choose a distinct carrier.
- It is less expensive for two single policies than a family policy.
- You will limit your out-of-pocket costs if you choose a cost level 1 or 2 clinic when your spouse/parent chooses a cost level 3 or 4 clinic.

16. Can I go back to my single coverage at any time?

No. Regardless if you are also a state employee or not, you may only move between single and family coverage during the annual Open Enrollment or upon a qualified life event.

17. What changes can be made to a spouse or dependent's coverage when the covering employee's employer contribution changes from full employer contribution to partial employer contribution?

The employee experiences a qualified life event when his/her employer contribution level is reduced from full to partial. The employee has the option to retain the family policy or drop it and move to single coverage or drop coverage all together.

If the employee chooses to move to a single policy or to drop coverage altogether, then the covered state employee spouse or adult dependent also experience a qualified life event. The spouse or adult dependent may then elect to enroll in their own policy within 30 days of the qualified life event. The spouse may choose to elect a family policy and cover both (or either) the other spouse and the adult dependent. The employee enrolling in coverage will be required to verify their covered spouse and/or dependents.

18. Can I be on my spouse's medical coverage but not my spouse's dental coverage?

Yes. You are not required to be on both of your spouse's policies. For example, you may choose to be on your spouse's dental but have your own medical coverage.

19. If my spouse is covering me and our adult child, and the adult child ages off (reaches age 26), do I have the opportunity to make an election?

No. The adult child experienced a qualified life event but you and your spouse did not. You will remain enrolled on your spouse's family policy. You will be able to elect two individual policies during the next annual Open Enrollment or if you or your spouse experience a qualified life event.

20. If my spouse and I are covered under one policy and my spouse elects a different cost level, how are my family out-of-pocket expenses determined?

The family deductible and the out-of-pocket maximums are based on the highest cost level clinic selected. For example, if one family member has a cost level 4 primary care clinic, then all family members will pay at cost level 4, even if those in a cost level 1 clinic.

21. I have a family policy covering an ex-spouse and our child-in-common. I re-marry and my new spouse, who is also a state employee, chooses family coverage and includes me and the child. What happens to the ex-spouse's coverage?

Your ex-spouse will be not follow you onto your current spouse's policy. The ex-spouse may remain in the program but will be charged the full premium.

22. Can both spouses carry child life on the same child?

No. You an individual cannot be covered under more than one SEGIP member.

23. If I am a covered dependent under my spouse's policy and I become disabled, what happens to my coverage?

You can remain a dependent on your spouse's plan.

24. If my spouse and I carry two single policies and my spouse is ordered by the courts to cover his/her dependent children under a Qualified Medical Order (QMO), is that a qualifying event that would allow me to be covered by my spouse?

No, the QMO does not affect the spouse who is not the parent of the dependents. However, you may be added to your spouse's policy during the next annual Open Enrollment or if you experience a qualified life event.

25. What happens if my spouse and I divorce while I am a covered dependent?

You may remain a covered as a dependent on your former spouse's policy as long as there is a covered child-in-common.

Alternatively, you may elect your own separate individual coverage if you submit your request within 30 days of the divorce. This request must be accompanied by a notarized request to waive the coverage as an ex-spouse. If you do not take action within 30-days of the divorce, you may also take these actions during an Open Enrollment.

26. What happens if my spouse, who is covering me as a dependent, leaves state employment?

You experience a qualified life event and have 30 days from the date of the event to enroll in your own medical coverage or request waiver of medical coverage. If you do not affirmatively enroll or waive medical coverage within 30 days, you will be automatically enrolled in single medical coverage and assigned a carrier.

If you were covered on your spouse's dental coverage you must affirmatively enroll to continue it. If you did not have dental coverage, or did not enroll within the 30 day enrollment period, you may enroll in it during the next annual Open Enrollment which offers dental coverage or upon another qualified life event.

27. Can I elect dental coverage for myself but enroll in my spouse's medical?

Yes, you're not required to be on both of your spouse's policies.

28. Can I cover my adult grandchildren who work for the state?

No, only spouses and dependent children may be covered.

29. If I continue single coverage but my spouse has family coverage, and we are using the same carrier, can our deductibles be combined?

Yes. Combining deductibles is allowed for medical coverage. The process is explained on the Benefit Chart in the [Summary of Benefits](#). You are responsible for notifying the carrier when you've met the deductible for the out-of-pocket maximums.

30. Do I have to elect a waiver of coverage each year?

Yes, beginning during the Open Enrollment in the fall of 2018.

31. What happens if my adult child (who is a state employee and is currently on my SEGIP coverage) gets married?

The adult child has the opportunity to submit an application for their own family coverage within 30 days of the marriage.

32. Can I still elect a Medical Dental Expense Account (MDEA) if my spouse carries me as a dependent on their medical and/or dental coverage?

Yes.

Open Enrollment Questions

33. What happens if my spouse attempts to enroll me on their policy as a dependent during the annual Open Enrollment, but fails to submit the election?

You will not be added to your spouse's policy. You will retain your current medical coverage. If you have waived dental and your spouse fails to add you to their dental coverage, you will not have dental coverage for two years or until the next dental Open Enrollment.

34. If I waived coverage as an individual enrollee during my new hire (or newly eligible) enrollment period and my spouse, who is also a state employee, failed to either enroll me or complete the dependent verification paperwork, what will happen?

You will be defaulted into single medical coverage, a carrier will be assigned, and you will not be enrolled in dental coverage.

35. What if I change my mind regarding the waiver coverage after the annual Open Enrollment?

You be able to enroll again during the next annual Open Enrollment or if you experience a qualified life event.

36. What happens if I am a covered dependent and my spouse removes me from the family medical and dental coverage during the annual Open Enrollment, but I did not enroll in a single policy?

You will be automatically enrolled in single medical coverage if you are eligible for a full employer contribution. A carrier will be assigned. If you are eligible for partial or no employer contribution you will not be automatically enrolled and you will have no medical coverage.

There is no default process for dental coverage so you will not be enrolled in dental coverage.

You may enroll in medical or dental coverage during the next annual Open Enrollment or upon a qualified life event.

37. If I become a dependent under my spouse's coverage, can I take the health assessment during Open Enrollment?

Yes. Taking the health assessment as a dependent will give you access to StayWell programs during the upcoming year. However, only the policy holder can receive the office copay reduction by taking the Health Assessment during Open Enrollment.

38. What happens if I am a covered dependent, and during the next Open Enrollment I elect single medical and dental coverage but my spouse does not drop me as a dependent?

If your spouse fails to drop you, you will remain on your spouse's policy.

39. What if I want to make a change after Open Enrollment?

Outside of Open Enrollment changes are only allowed due to a qualified life event and within the applicable timeframe.

40. If my family circumstance changes between the end of the Open Enrollment period and the 1st of the year, what should I do?

Please contact SEGIP as soon as possible to discuss your situation and to find out if it impacts your benefits.

Retirement Questions

41. What if I am on my spouse's medical and dental coverage when I choose to retire?

You have the option to remain on your spouse's medical and dental coverage as a dependent. You are not eligible to participate as an individual policy holder under the retiree group.

42. If I cover my spouse plus dependents and my spouse retires from the state, is my spouse's retirement a qualified event that will allow me to change to single coverage?

No, each dependent remains on your policy until they experience their own qualified life event or until the next annual Open Enrollment. Only your spouse has experienced a qualified life event.

43. What happens if I am covered by my spouse as a dependent under the spouse's family medical and dental policy and my spouse retires?

You will have 30 days to elect your own single medical and dental coverage. If you fail to do so, you will be defaulted into single medical coverage, and a carrier will be assigned. There is no default process for dental coverage so you will not be enrolled in dental coverage.

44. If I am eligible for the CERP plan under the applicable labor contract/plan and I am covered by my spouse as a dependent, what happens when I retire?

You will remain on your spouse's plan as a dependent. You will not be eligible for the CERP and you forfeit the CERP benefit. When your spouse retires, and if he/she is not CERP eligible, you and your spouse will pay the full cost of insurance for dependent retiree coverage.

LOA/Lay-Off Questions

45. What happens if my spouse carries family medical and dental coverage and goes on a leave of absence?

If the employer contribution is lost, the SEGIP eligible dependent has 30 days from the loss of the contribution to request enrollment for the family medical and dental coverage. If this period is missed, you will remain on direct bill for the full premium cost.

If coverage is canceled for non-payment, the active SEGIP employee will be enrolled in single medical, a carrier will be assigned and will not have the opportunity to add other family members. Dental coverage will remain terminated. Medical coverage will be assigned due to the default rule in the contract/plan because failure to pay premiums while on leave is not a qualified life event.

46. If my spouse is laid off and is eligible for a 6 month employer contribution, what happens to my medical and dental coverage?

You have 30 days from the initial date of layoff to submit an application for single or family medical coverage. If your spouse had carried you on dental, as well, you would have 30 days from the initial date of layoff to request single or family dental. If you miss the 30 day enrollment period you will be defaulted into single medical only.