

Spousal Coordination of Benefits Survey in Employee Navigator

Applies to Employees Hired Prior to 8/1/22

Cost Adjustment Questions

You have selected to include your spouse on the Medical Insurance.

Spouses with available health insurance and/or prescription drug insurance sponsored by their employer, business organization or any retirement plan, **must enroll** in such employer, business organization, or retirement plan sponsored group insurance coverage. **If this applies to your spouse, they can be added to your health and prescription plans with coverage as the secondary payer of benefits. If your spouse is eligible for other coverage but you want him/her to remain as primary under the Mentor medical plan, your premium deduction will increase by \$100 / month to include the surcharge.** If your spouse is employed or retired and eligible for benefits, their employer/retirement will need to complete the Spousal COB Eligibility Certification form **unless** you elect to pay the \$100/month surcharge for your spouse to remain primary on the Mentor medical plan.

This DOES NOT apply to dental or vision insurance.

If you and your spouse work for Mentor, no surcharge applies.

This requirement does not apply to any spouse who:

- Is not employed
- Is employed by the District
- Is not eligible for non-Medicare retiree group insurance
- Is working for an employer with less than 20 employees AND is Medicare-eligible
- Works less than 20 hours per week AND is required to pay 50% or more for single premium to participate in his/her employer's business organization's or retirement plan's group health coverage.

You will need to scroll down to click on the response that applies to your spouse's enrollment:

Select the option below that applies to your spouse regarding enrollment in the medical plan:

- My spouse is not employed
- My spouse is retired and eligible for Medicare
- My spouse is self- employed and does not offer Medical/Rx coverage to his/her employees
- My spouse is employed by the District
- My spouse is currently enrolled in his/her Employer or retirement plan-sponsored Medical/Rx group coverage and will remain on the Mentor plan as secondary.
- My spouse is not eligible for Medical/Rx benefits under his/her employer group plan or retirement plan-sponsored plan.
- My spouse is eligible for Medical/Rx benefits under his/her employer group plan or retirement plan-sponsored plan but not enrolled. My spouse will be enrolling in their employer's plan and will be covered as secondary on the Mentor medical plan.
- My spouse is employed by an employer that does not offer medical insurance
- My spouse is employed by an employer with less than 20 employees (includes full-time & part-time equivalents) AND is Medicare eligible
- My spouse is eligible for Medical/Rx benefits under his/her employer's group plan or retiree group plan but not enrolled. I wish to pay the \$100/month surcharge to keep my spouse covered as primary on the Mentor medical plan.
- My spouse is self- employed and DOES offer Medical/Rx coverage to his/her employees. I wish to pay the \$100/month surcharge to keep my spouse covered as primary on the Mentor medical plan.

Waive surcharge fees

Done

Please Ignore this box

Once you click the green “Done” button, this Pop-Up will appear, read and click “Agree”

Plan Notices ✕

Please read and agree to the following plan notices

Attestations


If you submit false information, or fail to timely advise the Plan of a change in your spouse's eligibility, and such false information or such failure by you results in the Plan providing benefits to which your spouse is not entitled, you will be personally liable to the Plan for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the Plan. Your spouse will be terminated immediately from group health insurance and/or prescription drug insurance coverage under the Plan. Any employee who submits false information may be subject to disciplinary action, up to and including termination of employment.

Agree

Below is an example for a Classified Employee who is offered the MedFlex and SuperMed Plus PPO plans with a per pay contribution taken twice a month. Reflected are the per pay deductions for family coverage that will appear if the Employee responds to the survey indicating their spouse will be covered as secondary under Mentor’s plan.

In this example, the spousal COB surcharge doesn’t apply:

Which plan do I want?




Medflex Plan 2025

\$135.16
Cost per pay period

Effective on 01/01/25
Employee + Family

[Compare](#) [Details](#) [Select](#)



Super MedPlus PPO 2025

\$178.97
Cost per pay period


Effective on 01/01/25
Employee + Family

[Compare](#) [Details](#) [Select](#)

Below is the example for a Classified Employee who is offered the MedFlex and SuperMed Plus PPO plans with a per pay contribution taken twice a month. Reflected are the per pay deductions for family coverage that will appear if the Employee responds to the survey indicating their spouse is eligible for their own employer sponsored coverage, but they want to pay the Spousal COB surcharge for the spouse to remain primary on Mentor's medical plan.

In this example, the \$100/month (or \$50/pay for a Classified Employee) Spousal COB surcharge applies:

Which plan do I want?




Medflex Plan 2025

\$185.16
Cost per pay period

Effective on 01/01/25
Employee + Family

[Compare](#) [Details](#) [Selected](#)



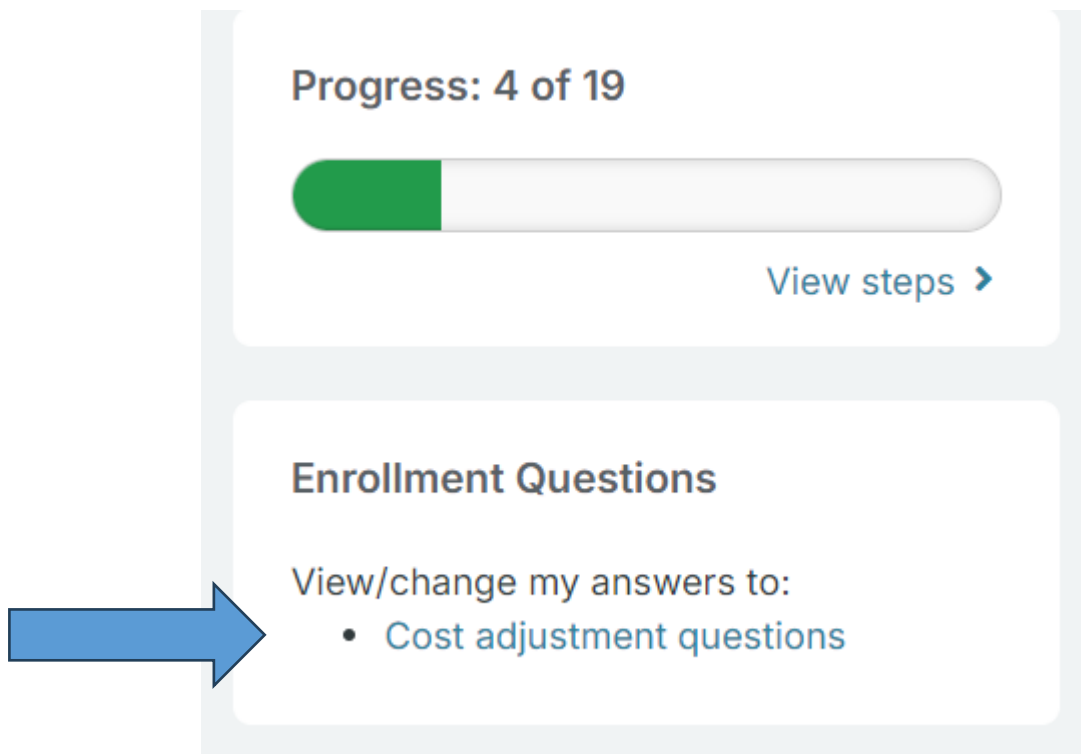
Super MedPlus PPO 2025

\$228.97
Cost per pay period

Effective on 01/01/25
Employee + Family

[Compare](#) [Details](#) [Select](#)

If you need to change your response to the Spousal COB survey, click on the “Cost adjustment questions link” found under the Medical Section and below the Enrollment Questions Section.



After you complete your enrollment, a task will automatically trigger to complete the Spousal Coordination of Benefits Certification Form if you elect medical coverage and enroll your spouse.

The Spousal Coordination of Benefits Eligibility Certification form should be uploaded to Employee Navigator by 12/6/24. However, **YOU DO NOT** need to upload the Spousal Coordination of Benefits Certification form if you indicate one of the below responses while completing the Spousal COB survey in Employee Navigator:

- Your spouse is employed by the district
- Your spouse is not employed
- Your spouse is self-employed
- You indicate you want to pay the Spousal COB surcharge

We will automatically approve the task in Employee Navigator once the survey questions have been reviewed.