Spousal Coverage Verification

Frequently Asked Questions

What is Spousal Coverage Verification?

Effective January 1st, 2024, the spouse of an OSU benefits-eligible employee who is employed and has access to group medical coverage through their own employer, are not eligible for coverage through the OSU/A&M medical plan. This rule serves a dual purpose: it allows OSU/A&M to manage rising healthcare costs effectively while still ensuring that employees and their family members can access highly valued and cost-effective medical coverage. It is important to note that OSU/A&M will continue to provide coverage for spouses who do not have access to or are ineligible for group healthcare coverage.

When you complete your 2024 open enrollment via BenefitFocus, you will be prompted to fill out an affidavit stating whether the spouse is eligible or that it does not apply. Please note that OSU/A&M maintains the authority to request supplementary documentation from you, your spouse, and/or their employer for the purpose of establishing eligibility within the plan.

Any employee found deliberately misrepresenting their spouse’s status on this portal will be obligated to reimburse the OSU/A&M group health plan for all claims it has settled on their spouse’s behalf. Moreover, such actions could result in disciplinary measures, including potential termination from employment or removal from the benefit plan for intentionally providing false information on employment-related documents.

Are all spouses automatically excluded from the OSU/A&M BlueCross BlueShield (BCBS) medical plan?

The answer is no. The verification only impacts working spouses who have access to group medical coverage through their employer. There are several scenarios in which the rule will not apply. Here is a list of situations where the rule does not affect eligibility:

- Spouse is not employed outside of the home.
- Spouse is not eligible for group medical coverage through their employer.
- Spouse is in a coverage "waiting period" with their employer (the rule applies once the waiting period ends).
- Spouse works for an employer that does not offer group medical coverage.
- Spouse is on Medicare and does not have access to employer group medical coverage.
- Spouse is retired and no longer has access to employer group medical coverage.
Who is responsible for completing the Spousal Coverage Verification?

The verification process falls upon all employees who are enrolled in the OSU/A&M BlueCross BlueShield medical plan. If you intend to include your spouse in your medical coverage, you must undertake the verification as part of the enrollment process. It is crucial to note that failure to complete this verification will have implications for your spouse’s medical coverage. Even if you are not married or if you do not wish to include your spouse in your coverage, you are still obligated to complete the verification during enrollment. In this case, you should select the appropriate option such as “No Spouse, not applicable” or “Spouse is not on medical coverage, not applicable” to indicate your situation accurately.

If my spouse is not eligible for OSU’s healthcare plan, can they still participate in the dental, vision, MASA, and supplemental life insurance plan?

Yes, you can enroll your spouse in these voluntary benefits, including dental, vision, MASA, and supplemental life insurance. However, it is essential to keep in mind that if your spouse is also currently a benefits-eligible employee at OSU/A&M, you cannot include them in a supplemental life insurance policy. This restriction exists because they already receive a basic life policy through their respective university.

What if my spouse and I are both OSU employees?

In such a situation where both of you are full-time benefits-eligible employees at OSU, you both should select Employee Only coverage, unless you have dependent children. If you wish to request to add children and both of you are OSU employees, it is important to determine which spouse will provide healthcare coverage for the children. Only one of you would need to elect Employee + Children coverage to cover the dependent children.

What happens if my working spouse's group medical coverage is terminated because they lose their job? Does my spouse have to elect and exhaust COBRA coverage before becoming eligible for enrollment in OSU/A&M’s medical/prescription drug plan?

No, your spouse is not required to elect COBRA. If your spouse loses coverage, it qualifies as a "Qualifying Life Event," and your spouse can be enrolled if certain criteria are met. To initiate this enrollment, the employee must make the request through their benefits portal and upload the necessary documentation within 30 days of the spouse losing coverage. For detailed instructions on how to proceed with a Qualifying Life Event, please reach out to OSU Benefits.