

# Eligibility Overview

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Who's eligible for benefits? What's the definition of a "dependent?" Who's NOT eligible for coverage? These are just a few of the questions you're probably wondering about. And honestly, there are many, many details surrounding eligibility for state health care benefits—far more than we can cover here... but don't worry. You can find all the information you need in your benefits documentation. Here's a quick overview that might help answer some basic questions.

First, let's cover who's eligible.

- You're eligible for state health care benefits if you are a permanent full-time or permanent part-time employee. That includes established-term regular, established-term irregular employees, judges and other elected or appointed officials.
- Your immediate dependents, including your spouse and unmarried children, are also eligible for coverage under your state benefits, but we'll get to that in a minute.
- If you have a pre-existing condition, relax. Your health plan does not exclude pre-existing conditions, so coverage is available to you and your eligible dependents regardless of health.

Now, let's talk about dependents.

There are a number of details regarding dependent coverage, so we'll only cover the highlights here. Again, the full details are outlined in your benefits documentation. So, who's considered an eligible dependent?

Your current legal spouse.

Unmarried children belonging to you or your spouse (including legally adopted children, children for whom either of you is a legal guardian, dependent stepchildren and foster children who normally reside with you – all until the end of the month in which they reach age 19).

Your unmarried children age 19 or older, who are attending an accredited school and are primarily dependent on you for maintenance and support, are eligible until the end of the month in which they either reach age 23 or cease being a student - whichever occurs first.

## Eligibility Overview continued

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Children of divorced or separated parents who are not residing with you but who you are required by law to support.

Unmarried children of any age who are incapable of self-support due to mental retardation, severe mental illness, or physical handicap, whose disability began before age 23 and who are primarily dependent upon you for support.

Remember that student coverage is not automatic. Your health plan will periodically request proof of school enrollment. When you provide this proof, your dependent will continue to be covered. If the requested proof is not provided to your health plan, coverage ends on the last day of the birthday month.

As a reminder, these are only the key highlights defining eligible dependents. Please consult your benefits documentation for full details. Before we change the subject, there's one more question that often comes up regarding benefits and family situations.

What if you and your spouse are both employed by the state?

In this situation, both of you cannot carry family coverage for medical, dental or vision benefits, so you have the following options:

- Both of you can carry single coverage;
- Both of you can be covered by one family plan; or
- One employee can carry family coverage and the other individual coverage. However, the spouse with individual coverage cannot be listed as a dependent under the family plan.

OK, now that we've discussed who's eligible for coverage, let's talk generally about who's not eligible.

Employees whose appointments are temporary, seasonal, intermittent, interim or those who are classified as student help or college interns are not eligible for health coverage. Employees on uniformed service leave without pay are also ineligible, but may retain their benefits at their own expense.

You may have several questions that weren't answered in this brief summary of eligibility. For complete information, including all the details and regulations, please see your benefits documentation.