

DEPENDENT ELIGIBILITY REQUIREMENTS

Dependent Eligibility/Additions/Removals

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TCAPS insurance carriers provide full coverage for your family dependents when they are properly enrolled. Eligible dependents are:

- Your spouse (if newly married, the subscriber must request the addition of the spouse and any stepchildren within 30 days of the marriage, either before or after, and the effective date of coverage will be the date of marriage)
- Unmarried children until the end of the year in which they reach age 19. They may remain covered to any age if they are "totally and permanently disabled by either a physical or mental condition prior to age 19." Newborns must be added within 30 days of the birth. If the employee fails to add the newborn within that time period, the child cannot be added until the next Open Enrollment unless the subscriber already has a family contract or qualifies for a special enrollment period.
- Immediate family members that are "totally and permanently disabled by either a physical or mental condition", who receive the majority of their support by enrolled employee, and reside in the same household.

Eligible children include:

- Your children by birth
- Your children by legal adoption
- Your children by legal guardianship (while they are in your custody and dependent upon you)
- Your spouse's children

Dependents who are between 19 and 25 may continue coverage under your contract if they meet **all** the following requirements:

- Be unmarried and between 19 and 25
- Be related to you by blood, marriage, or legal adoption
- Be dependent on you for more than half their support
- Be a full-time student for at least five months of the year or have a gross income of less than four times the personal exemption amounts. (Personal exemption amounts are found in the current IRS code.)

You must apply for Continuation Coverage before the end of the year in which the dependent turns 19. This coverage continues until they turn 25, **if** they remain eligible. Coverage for these dependents will be exactly the same as yours.

REMOVAL OF DEPENDENTS

If an employee fails to notify the Human Resources Office when his/her family status changes, whereby it would change the type of contract (persons covered), the employee, because of his/her negligence, will assume the responsibility of repaying the Employer for any over-payments made on a policy in excess of what the employee is entitled to receive. Therefore, contact Employee Benefits immediately with any changes.

Divorce or legal separation

A former spouse must be removed from the contract as of the effective date of the divorce or legal separation. A copy of the page of the divorce decree showing the effective date must be provided to process the change. Failure to give timely notice of a divorce may cause the employee to be liable for any payments made by carrier on behalf of the ex-spouse for medical services that have been provided subsequent to the date of the divorce.

Ineligible Dependents

A dependent must be removed from the contract once the eligibility requirements are not longer being met. If the dependent is ineligible as a result of his/her marriage, the dependent will be removed effective the date of the marriage. A child reaching the age of 19 or 25 who is no longer eligible for coverage (due to his/her age) will be removed the end of the year in which the child turns 19 or 25.

If you have a former spouse or dependent that is no longer eligible for health coverage on your contract, s/he may be eligible for COBRA continuation. A notice will be sent to the individual outlining his/her rights to continue coverage. Carriers may also offer benefit options - contact a customer service representative for more information.