

Eligible Active Employees and Family Members

Employees Eligible for Coverage

You are eligible for coverage if you are a part-time or full-time, salaried, classified employee, or similarly-situated employee at an independent state agency; or a regular, full-time or part-time salaried faculty member. A full-time salaried employee is one who is scheduled to work at least 30 hours per week, or carries a faculty teaching load considered to be full time at his or her institution. A classified part-time employee is eligible if scheduled to work at least 20 hours per week. Your eligible dependents also may be covered. Retirees, LTD participants and survivors may also be eligible for coverage as described later in this section.

The Following Family Members Are Eligible for Coverage:

Proof of eligibility must be provided at any time a family member is added. No person can be enrolled in more than one state health benefits plan at a time under any circumstances. If it is determined that a person is covered in error, the plan has the right to take corrective action.

The Employee's Legal Spouse

The marriage must be recognized as legal in the Commonwealth of Virginia.

Ex-spouses are not eligible, even with a court order.

Documentation required:

- photocopy of certified or registered marriage certificate, and
- photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that the applicant is the spouse.

Note: All financial information and Social Security Numbers can be redacted from the documentation.

The Employee's Children

Under the health benefits program, the following eligible children may be covered to the end of the calendar year in which they turn age 26 (the Plan's Limiting Age). The age requirement may be waived for adult incapacitated children.

Natural or Adopted Children and Children Placed for Adoption

Documentation required:

- photocopy of birth certificate or legal adoptive agreement showing employee's name.

Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.

Stepchildren

A stepchild is the natural or legally adopted child of the participant's legal spouse. Such marriage must be recognized by the Commonwealth of Virginia.

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Documentation required:

- photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and
- photocopy of certified or registered marriage certificate showing the employee's name and the name of the child's parent; and
- photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the child's parent is the spouse.

Note: All financial information and Social Security Numbers can be redacted.

Other Female or Male Child

An unmarried child for which a court has issued a final order naming the employee (and/or the employee's legal spouse) as sole permanent custodian, if the following requirements are met:

- principal place of residence is with the employee;
- child is a member of the employee's household;
- child receives over one half of his or her support from the employee;
- custody is awarded prior to the child's 18th birthday; and
- the custody is not shared between anyone other than the employee and the employee's legal spouse.

Documentation required:

- photocopy of the Final Court Order granting sole permanent custody with presiding judge's signature.

Exception for Grandchildren

If the employee (or employee's legal spouse) shares custody of their grandchild with their dependent who is under the age of 18 (and is the parent of the grandchild), then the grandchild may also be covered if:

- the grandchild, the minor dependent (who is the parent), and the employee's legal spouse (if applicable) all live in the same household as the employee;
- both dependents are unmarried;
- both dependents receive over one-half of their support from the employee;
- the custody is not shared between anyone other than the employee, the employee's legal spouse and their minor dependent.

The minor dependent must meet all of the eligibility requirements of a dependent child. Once the minor dependent turns 18, the employee or employee's legal spouse (if applicable) must receive sole custody of the grandchild for the child to remain eligible.

Documentation required:

- photocopy of the grandchild's birth certificate showing the name of the minor dependent as the parent of the grandchild;
- photocopy of the birth certificate (or adoptive agreement) for the minor dependent showing the name of the employee; and
- photocopy of the Final Court Order with presiding judge's signature.

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Incapacitated Dependents

Adult children who are incapacitated due to a physical or mental health condition are eligible as long as the child was covered by the health plan and the incapacitation existed prior to the termination of coverage due to the child attaining the plan's limiting age. The employee must make written application, along with proof of incapacitation, prior to the child reaching the plan's limiting age. Such extension of coverage must be approved by your health plan and is subject to periodic review. Should the plan find that the child no longer meets the criteria for coverage as an incapacitated child, the child's coverage will be terminated at the end of the month following notification from the health plan to the enrollee. The child must live with the employee full-time as a member of the employee's household, not be married, and be dependent upon the employee for financial support. In cases where the natural or adoptive parents are living apart, living with the other parent will satisfy the condition of living with the employee. Furthermore, the support test is met if either the employee or other parent or combination of the employee and other parent provide over one-half of the child's financial support.

Adult incapacitated children of new employees who have been continuously incapacitated may also be covered provided that:

- the enrollment form is submitted within 30 days of hire;
- the child has been covered continuously as an incapacitated dependent on a parent's group employer coverage since the incapacitation first occurred or as a Medicaid/Medicare recipient (Note: supporting documentation must be submitted);
- the incapacitation commenced prior to the child attaining the limiting age of Your Health Plan;
- the enrollment form must be accompanied by a letter from a physician explaining the nature of the incapacitation, date of onset and certifying that the dependent is not capable of financial self-support. This extension of coverage must be approved by the health plan; and
- other Medical certification and eligibility documentation is provided as needed.

Adding Adult Incapacitated Dependents as a Qualifying Mid-Year Event

Adult Incapacitated Dependents that are enrolled as an incapacitated dependent on a parent's group employer coverage, or in Medicare or Medicaid, may be enrolled in the State Health Benefits Program with a consistent qualifying mid-year event (as defined by the Office of Health Benefits) if the dependent remained continuously incapacitated, eligibility rules are met, required documentation is provided and the administrator for the plan in which the employee is enrolled approves the adult dependent's condition as incapacitating. Eligibility rules require that the incapacitated dependent live at home, is not married, and receives over one-half of his or her financial support from the employee.

Documentation required:

- photocopy of birth certificate or legal adoptive agreement showing the employee's name;

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- evidence that the dependent has been covered continuously as an incapacitated dependent on a parent's group employer coverage, or covered under Medicaid or Medicare, since the incapacitation first occurred;
- proof that the incapacitation commenced prior to the dependent attaining age 26;
- an enrollment form adding the dependent within 60 days of the qualifying mid-year event accompanied by a letter from a physician explaining the nature of the incapacitation, date of onset, and certifying that the dependent is not capable of financial self-support. Additionally the plan reserves the right to request additional medical information and to request an independent medical examination; and
- other medical certification and eligibility documentation as needed.

If an incapacitated dependent leaves the State Health Benefits Program and later wants to return, the review will take into consideration whether or not the same disability was present prior to reaching the plan's limiting age of 26 and continued throughout the period that the child was not covered by the State Health Benefits Program. If the dependent was capable of financial self-support as an adult, and then backtracked into disability, the disability is considered to have begun after the plan's limiting age and the person cannot be added to the State Health Benefits Program.

Adult Incapacitated Dependents are not eligible to join the plan during the annual open enrollment period.

When an adult incapacitated child loses eligibility, coverage terminates at the end of the month in which the event that causes the loss of eligibility occurs.

Coverage for Retirees and Long Term Disability (LTD) Participants

Retirees and LTD participants who enroll within 31 days of starting retirement or losing eligibility for coverage as an active employee may be eligible for coverage under the health plan until they become eligible for Medicare (either due to age or disability). Dependent eligibility for the retiree group does not differ from that of active employees. See the **Retiree Health Benefits Program** or **Long Term Disability** section of this manual for more information about retiree and LTD coverage.

Who Is Not Eligible For Coverage

There are certain categories of persons who may not be covered under the program. These include dependent siblings, grandchildren, nieces, and nephews except where the criteria for "other children" are satisfied. Parents, grandparents, aunts, and uncles and any other individuals not specifically listed as eligible in this section are not eligible for coverage regardless of dependency status.

The otherwise eligible family member must be a U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada or Mexico. However, there is an exception for certain adopted children. If the employee is a U.S. citizen or U.S. national who has legally adopted a child who is not a U.S. citizen, U.S. resident alien, or U.S. national, the child may be covered if the child lives with the employee as a member of the household. This exception also applies if the child was lawfully placed for legal adoption.

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Participants who enroll or fail to remove ineligible persons may be excluded from the program for a period of up to three years. In addition, the participant will be responsible for claims paid in error and will be unable to reduce health benefits membership except during open enrollment or with a consistent qualifying mid-year event.