

REGULATIONS FOR COVERING SPOUSES/DEPENDENTS

Eligible Spouses -The *subscriber* may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the *subscriber's* legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required; the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

Eligible Dependents – The subscriber may enroll eligible dependents for coverage under his or her health plan membership. The subscriber's 'eligible dependents' include: an unmarried dependent child who is under age 19 or a full-time student to age 25. These include the subscriber's or legal spouse's dependent children who qualify as dependents for federal tax purposes, or are the subjects of a court order that requires the subscriber to provide health insurance for children. These may include:

1. A newborn child – the effective date of coverage for a newborn child will be the child's date of birth provided that the subscriber formally notified the plan sponsor within 30 days of the date of birth.
2. An adopted child – the effective date of coverage for an adopted child will be the date of placement with the subscribers for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed. If the subscriber is enrolled under a family plan as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services for injury or sickness will be covered from the date of custody.
3. A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
4. An unmarried full-time student dependent child who is under age 25. In this case, the subscriber must give the health plan verification that the child is a full-time student at an accredited educational institution. This coverage ends when the student turns 25 or marries or on November 1st following the date the student discontinues full-time classes or graduates, whichever comes first.
5. An unmarried disabled dependent child may maintain coverage under the subscriber's health plan membership. The child must be either mentally or physically handicapped so as not to be able to earn his or her own living, as determined by the health plan carrier. The subscriber must make arrangements for the disabled child to continue coverage under the family contract no more than 30 days after the date the child would normally lose eligibility.
6. A newborn infant of an enrolled dependent immediately from the moment of birth and continuing after, until the enrolled dependent is no longer eligible as a dependent.