



DEPENDENT ELIGIBILITY GUIDELINES

GROUP HEALTH INSURANCE

1. Dependent Coverage for Group Health Insurance may continue until their 26th birthday

The City's health plan will allow all legal dependents of employees who are enrolled in the City's health insurance plan, medical coverage to the age 26, without requirements for home residency, state residency, student status, marital status, or other medical coverage offered through their employer.

2. Dependent Coverage for Group Health Insurance Ages 26-30

The State of Florida Senate Bill 2634 created legislation giving eligible dependents the option to continue their dependent coverage to the end of the calendar year in which they reach age 30. This law only applies to group health insurance.

In order for your dependent(s) to continue their coverage beyond age 26 and to the end of the calendar year in which they reach age 30, they must meet the below eligibility guidelines.

To be eligible, the parent(s) of the over-age dependent must be actively covered under a Florida issued group plan health contract. Eligible dependents must be the insured's child (by blood or by law) and must meet the following criteria:

- is less than 30 years of age; and
- is unmarried; and
- has no dependents; and
- is a resident of Florida or if not a resident of Florida is enrolled as a full or part-time student; and
- Is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group, student, or franchise health plan or individual health benefits plan, or is not entitled to benefits under Medicare.

NOTE: If a covered dependent child who has reached the end of the calendar year in which he or she becomes 26 obtains a dependent of their own (e.g., through birth or adoption) such newborn child will not be eligible for this coverage and the covered dependent child will also lose his or her eligibility for this coverage. It is your sole responsibility as the covered plan participant to establish that a child meets the eligibility rules. Eligibility will terminate at the end of the calendar month in which the child no longer meets the eligibility rules required to be an eligible dependent.

GROUP HEALTH INSURANCE continued

3. Coverage for a Disabled Child

If an unmarried enrolled dependent child with a mental or physical disability reaches an age when coverage would otherwise end, the Plan will continue to cover the child, as long as:

- The child is unable to be self-supporting due to a mental or physical handicap or disability,
- The child depends mainly on you for support,
- You provide to the Plan proof of the child's incapacity and dependency within 31 days of when the date of coverage would have otherwise ended because the child reached a certain age; and
- You provide proof, upon the Plan's request, that the child continues to meet these conditions.

The proof might include medical examinations at the City's expense. However, you will not be asked for this information more than once a year. If you do not supply such proof within 31 days, the Plan will no longer pay Benefits for that child. Coverage will continue, as long as the enrolled Dependent is incapacitated and dependent upon you, unless coverage is otherwise terminated in accordance with the terms of the Plan.

4. Legal Spouse of the Employee

An original Certified Marriage Certificate and Social Security card must be provided to cover a spouse.

5. Grandchildren

- The State of Florida Statute 627.6575 allows a grandparent to cover the newborn child of a dependent child for eighteen months
- The newborn child of a covered dependent child who has not reached the end of the calendar year in which he or she becomes 26 is eligible
- The grandchild must be added to the health coverage from date of birth
- The dependent child must be covered under the health plan at the time of birth of the grandchild
- Coverage for such newborn child will automatically terminate 18 months after the birth of the newborn child

DENTAL AND VISION INSURANCE

1. Dependent coverage may continue until the end of the year in which the dependent child turns 25 years old; your natural child, adopted child, stepchild, foster child or a child for whom you are the legally appointed guardian and who is supported by and living with you.

2. Legal Spouse of the Employee

An original Certified Marriage Certificate and Social Security card must be provided to enroll a spouse.

DENTAL AND VISION INSURANCE continued

3. Coverage for a Disabled Child

If an unmarried enrolled dependent child with a mental or physical disability reaches an age when coverage would otherwise end, the Plan will continue to cover the child, as long as:

- The child is unable to be self-supporting due to a mental or physical handicap or disability,
- The child depends mainly on you for support,
- You provide to the Plan proof of the child's incapacity and dependency within 31 days of when the date of coverage would have otherwise ended because the child reached a certain age; and
- You provide proof, upon the Plan's request, that the child continues to meet these conditions.

The proof might include medical examinations at the City's expense. However, you will not be asked for this information more than once a year. If you do not supply such proof within 31 days, the Plan will no longer pay Benefits for that child. Coverage will continue, as long as the enrolled Dependent is incapacitated and dependent upon you, unless coverage is otherwise terminated in accordance with the terms of the Plan.

DEPENDENT LIFE INSURANCE ELIGIBILITY GUIDELINES

1. Eligibility

All active employees classified as full-time working 30+ hours per week are eligible for dependent life insurance to include a spouse and dependent children from live birth until the end of the month they turn 26 years old.

2. Dependent Life Insurance

Two enrollment options:

Spouse (*EOI Required)

Option 1: \$10,000

Option 2: \$20,000

Dependent Children – (*EOI NOT Required)

Option 1: \$5,000 Live birth to age 26

Option 2: \$10,000 Live birth to age 26

3. Supplemental Coverage- *EOI Required to increase Supplemental Coverage

Please refer to your Certificate of Coverage - Supplemental Coverage benefits are based according to Bargaining Unit.

4. *Evidence of Insurability (EOI) form available on Benefits Website (www.coj.net/benefits)

- EOI required for Spouse applying for Dependent Life coverage
- Complete EOI
- Submit to The Standard Life Insurance Company for approval
- Notification of approval or denial will be mailed to employee's home address
- Benefits Office will be notified of approval/denial, no explanation listed
- If approved, dependent life deduction will begin the following pay period

NOTE:

- A dependent child cannot be covered as a dependent of more than one employee
- No individual may be covered as an employee and dependent spouse